

N. B.—WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09338

## 1. PLACE OF DEATH

WASHINGTON COUNTY

82-a

Registration Dist. No.

301

St.,

Ward

Village or City Williamsport Md

No. 71 Fenton Ave

ds.

mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

India Adams

(a) Residence: No.

No permanent address

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Strike the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Charles Adams

6. DATE OF BIRTH (month, day, and year)

April 26, 1863

7. AGE

Years

Months

Days

IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

70

4

19

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

at home

10. Date deceased last worked at  
this occupation (month and  
year)Aug. 1,  
195211. Total time (years)  
spent in this  
occupation

OCCUPATION

12. BIRTHPLACE (city or town)  
(State or country)

Downsville Md

MOTHER

FATHER

13. NAME

Jacob Wolford

14. BIRTHPLACE (city or town)

Maryland

(State or country)

15. MAIDEN NAME

Elleh Boppe

16. BIRTHPLACE (city or town)

Fairview Md

(State or country)

17. INFORMANT

Mrs. Harvey Keckler-wash. D.C.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Williamsport Md Date Sept. 17, 1933

19. UNDERTAKER

Albert Lea-Williamsport Md

(Address)

20. FILED

Sept. 16, 1933 by E. Rickard

Registrar

## 21. DATE OF DEATH

Sept 14. 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept. 13, 1933, to Sept. 14, 1933

I last saw her alive on Sept. 14, 1933; death is said

to have occurred on the date stated above, 12 noon

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral hemorrhage Date of onset 9-13-33

Other Contributory Causes of Importance:

Arterial sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09339

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown, Md.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Baechtel No. I

(a) Residence: No.

St. Ward.

Registration Dist. No. 302

Ward

No. Washington County Hospital 3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Sept. 26, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or <u>0</u> min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
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12. BIRTHPLACE (city or town) (State or country)	<u>Hagerstown, Md.</u> <u>Washington Co.</u>
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13. NAME <u>Charles Wilbur Baechtel</u>	14. BIRTHPLACE (city or town) (State or country)
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15. MAIDEN NAME <u>Gladys Celees Semler</u>	16. BIRTHPLACE (city or town) (State or country)
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17. INFORMANT <u>Charles Wilbur Baechtel</u> (Address) <u>342 N. Cassow Ave.</u>	18. BURIAL, CREMATION, OR REMOVAL Disposition by <u>Washington Co. Hospital</u> Date <u>19</u>
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19. UNDERTAKER <u>Washington Co. Hospital</u> (Address) <u>Hagerstown, Md.</u>
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20. FILED <u>9-27-1933</u> 336 Court House St. Registrar
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept.

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 26, 1933, to Sept. 26, 1933I last saw him alive on Sept. 26, 1933; death is said to have occurred on the date stated above, at 9:05 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature birth  
(5 months - gestation)

Data of onset

Other Contributory Causes of importance:

Premature separation of placenta

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) R.B. Horwitz(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09340

## 1. PLACE OF DEATH

County

Washington

159

Registration Dist. No.

302

Village or City

Hagerstown, Md.

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Baby Boy Buehler No. II

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept. 26, 1933

7. AGE

Years	Months	Days	If LESS than 1 day, _____ hrs. or ____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Hagerstown, Md.

MOTHER

FATHER

13. NAME Charles William Buehler

14. BIRTHPLACE (city or town)  
(State or country)

Hagerstown, Md.

15. MAIDEN NAME Gladys Eileen Lender

16. BIRTHPLACE (city or town)  
(State or country)

Hagerstown, Md.

17. INFORMANT Charles William Buehler  
(Address)

342 N. Cannon Ave.

18. BURIAL, CREMATION, OR REMOVAL  
Disposition by Wash. Co. Hospital  
Place Date 1919. UNDERTAKER Washington Co. Hospital  
(Address)

Separation yard

20. FILED 9-27-33 Death Record

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept.

26

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 26, 1933, to Sept. 26, 1933

I last saw him alive on Sept. 26, 1933; death is said  
to have occurred on the date stated above, at 9:15 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Premature birth  
(5 months gestation)

Date of onset

Other Contributory Causes of importance:

Premature separation of  
placenta

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

P.B. Arment  
M. D.  
Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09341

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred 1 yr.

(131)

Registration Dist. No. 3021St. 1

Ward

No. 58 West Side Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of stay in U.S. if of foreign birth? 0 yrs. mos. 0 ds.

## 2. FULL NAME

Wilbur Guston Beard(a) Residence: No. 58 West Side AveSt. 1 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Male White MARRIED

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofCecelia Beard

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 68 Months 4 Days 4 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 193011. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town)  
(State or country)Wash & Met  
David BeardDate of onset  
9/30/30

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)Wash & Met  
Elizabeth Mahanie

1925

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT

(Address) Mrs. W. G. Beard  
58 West Side Ave Hagerstown

18. BURIAL, CREMATION, OR REMOVAL

Place Hargraves Cemetery Date Oct. 3, 1933

19. UNDERTAKER

(Address) G. E. Baskoles  
Boysen's W. W. Day

20. FILED

(Address) T. O. - 1 - 1933  
Chas. Howes

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 30, 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on 9/30, 1933 to 9/30, 1933; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute dilatation of heartOther Contributory Causes of Importance:  
Hypertension C-U-R DiseaseName of operation None Date of 1925What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Chronic(Signed) Chas. Howes M. D.(Address) T. O. - 1 - 1933

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09342

## 1. PLACE OF DEATH

County Washington

(48)

Registration Dist. No.

302

Village or City Hagerstown

St. 3 Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 236 Hager

St. 31 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widow

5e. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE of

Eugene.

6. DATE OF BIRTH (month, day, end year)

Aug 25-1870

7. AGE Years Months Deyrs If LESS than  
63 8 5 1 day, hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Sept 1-1933

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Howard Pa.

13. NAME

Daniel Schenck

14. BIRTHPLACE (city or town)

(State or country)

Howard Pa.

15. MARIEN NAME

Maria Wetzler

16. BIRTHPLACE (city or town)

(State or country)

Howard Pa.

17. INFORMANT

Mrs James H. Bowens

(Address)

Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Hagerstown Date Oct 2, 1933

19. UNDERTAKER

(Address)

H. K. Cox &amp; Son

Hagerstown Md.

20. FILED

9-30-33

Hagerstown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 30

(Day)

1933  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1932, to Sept 30, 1933

I last saw deceased alive on Sept 1, 1932; death is said to have occurred on the date stated above, at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of uterus

Date of onset  
(P.T.)

## Other Contributory Causes of importance:

Clinical Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) V. Mueller DR. VICTOR D. MILLER

(Address) 111 WASHINGTON ST., HAGERSTOWN, MD.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09343

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

(31)

Registration Dist. No. 302 St. 4 Ward

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Harriet Bollinger

(a) Residence: No. 354 N. Cannon Avenue St. H Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Harry L. Bollinger

6. DATE OF BIRTH (month, day, and year) Nov. 5, 1850

7. AGE Years 82	Months 10	Days 24	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town), (State or country) Martinsburg, Pa.

13. NAME ----- Whittaker

14. BIRTHPLACE (city or town), (State or country) Blair County, Pa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town), (State or country) Unknown

17. INFORMANT Frank Bollinger, (Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown, Md. Date Oct. 3, 1933

19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown, Md.

20. FILED 10-3-1933 by J. H. Bowers, Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 30  
(Month) (Day)  
, 1933 (Year)

22. I HEREBY CERTIFY That I attended deceased from April 10, 1933, to Sept. 30, 1933. I last saw her alive on Sept. 30, 1933; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Initial Dissemination  
Acute Bronchitis  
Chronic Dull Respiratory*

*Cordicose Decomposition*

Other Contributory Causes of Importance:

Date of onset  
4-10-26  
4-10-26  
4-10-26

4-10-26  
4-10-26  
4-10-26

9-26-33

Name of operation None Date of  
What test confirmed diagnosis Pharyngitis Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) *L. Howard George* M. D.  
(Address) *Hagerstown, Md.*



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09344

## 1. PLACE OF DEATH

(131)

Registration Dist. No.

302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(T) Dr. Kressley

## 2. FULL NAME

Miss. Anna C. Bovey

(a) Residence: No. 135 E. Baltmore

No. 135 E. Baltmore

St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred 25 yrs.  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 3. PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	79	4	15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place: Hagerstown, Md. Date: Sept. 12, 193319. UNDERTAKER  
(Address)20. FILED  
9-11-33 Death Record

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 10

(Month), 1933 (Year)

22. I HEREBY CERTIFY. That I attended deceased from 1930, 19, to Sept. 10, 1933; death is said

to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Arterial Hypertension  
Date of onset: 1930

Other Contributory Causes of Importance:

Chronic Myopathy  
Date: 1930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09345

## 1. PLACE OF DEATH

County Washington  
Village or City Williamsport, Md

82-a

Registration Dist. No. 301

St.

Ward

No.

119-West Potomac

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 life mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Laura Etta Bowers

(a) Residence: No.

Same

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (check the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of Eugene Bowers

6. DATE OF BIRTH (month, day, and year)

Feb. 4, 1870

7. AGE Years

63

Months

7

Days

3

If LESS than

1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

At Home

10. Date deceased last worked at this occupation (month and year)

33

Jan.

11. Total time (years) spent in this occupation

life

12. BIRTHPLACE (city or town)  
(State or country)

Sharpsburg, Md

## MOTHER FATHER

13. NAME Samuel Cramer

14. BIRTHPLACE (city or town)  
(State or country)

Sharpsburg, Md

15. MAIDEN NAME Elizabeth Swain

16. BIRTHPLACE (city or town)  
(State or country)

Prince George Co, Md

17. INFORMANT Foster Bowers

(Address) Williamsport, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsport, Md Date Sept. 10, 1933

19. UNDERTAKER Albert Leaf

(Address) Williamsport, Md

20. FILED Sept. 9, 1933

L. E. Rickard  
Registrar

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 21. DATE OF DEATH

Sept. 7, 1933, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept. 4, 1933, to Sept. 7, 1933; death is said

I last saw her alive on Sept. 7, 1933; death is said

to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 9-4-33

Other Contributory Causes of importance:

Arterial sclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Geo. D. Dooley, M.D.  
Williamsport, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09346

## 1. PLACE OF DEATH

County Washington 92-a  
 Village or City Pleasant Valley

Length of residence in city or town where death occurred 66 yrs.

No. \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 mos. \_\_\_\_\_ ds. How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Henrietta Gregora Bowman

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (write the word)
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofJoseph Bowman6. DATE OF BIRTH (month, day, and year) Dec. 12 1842

7. AGE <u>91</u> Years	Months <u>6</u>	Days <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	11. Total time (years) spent in this occupation <u>1</u>
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>
--

10. Date deceased last worked at this occupation (month and year) <u>1910</u>
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12. BIRTHPLACE (city or town) <u>Smithsburg</u> (State or country) <u>Md.</u>
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13. NAME <u>Jacob Brunner</u>
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14. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)
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15. MAIDEN NAME <u>Maria Wolfe</u>
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16. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)
--

17. INFORMANT <u>Mrs. Verrie A. Willard</u> (Address) <u>Smithsburg, Md. Route 4</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Pleasant Valley</u> , Date <u>Sept 25</u> , 1933
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19. UNDERTAKER <u>Geo. B. Hoover</u> (Address) <u>Smithsburg, Md.</u>
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20. FILED <u>Sept 24, 1933</u> <u>DeWitt Ferguson</u> Registrar.
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 23rd(Month) Sept. (Day) 23 (Year) 193322. I HEREBY CERTIFY That I attended deceased from Oct. 1930 to Sept. 23, 1933I last saw her alive on Sept. 18th, 1933; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic endocarditis Date of onset  
1910  
with mitral insufficiency

Other Contributory Causes of importance:

X

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Geo. B. Davis M. D.(Address) Blue Ridge Summit, Pa.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09347

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. II of foreign birth? yrs. mos. ds.

Washington

No.

Registration Dist. No.

303

St.

Ward

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

II LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

J. W. Murray  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 18<sup>th</sup>

(Month)

(Day)

1933

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept. 18<sup>th</sup>, 1933, to Sept. 18<sup>th</sup>, 1933I last saw him alive on , 19 ; death is said  
to have occurred on the date stated above, at : m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Unknown illness  
Grandmutter

Data of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Jonathan P. Boyd M.D.

(Signed)

(Address)

Clearsprings Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09348

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred

(1862)

Registration Dist. No.

302

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Burns(a) Residence: No. 423 Quirkord Five St. 2 Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

John P.

6. DATE OF BIRTH (month, day, end year)

Sept 12-1847

7. AGE Years Months Days If LESS than  
86 — 5 1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Aug 193311. Total time (years)  
spent in this  
occupation 4 yrs

12. BIRTHPLACE (city or town)

Thurmont

(State or country) MD

13. NAME Henry Hartell

14. BIRTHPLACE (city or town)

Thurmont

(State or country) MD

15. MAIDEN NAME Julia Stouffer

16. BIRTHPLACE (city or town)

Thurmont

(State or country) MD

17. INFORMANT Mrs D H Smith

(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Burial, church Pa Date Sept 19, 1933

19. UNDERTAKER R K Coxman

(Address) Hagerstown, Md.

20. FILED 9/18/33

(19)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 19

(Month)

(Day)

1933

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

July 29, 1933, to Sept 17, 1933I last saw her alive on Sept 16, 1933; death is said

to have occurred on the date stated above, et al.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Data of onset

Liver DiseaseAugusted belly in the afternoon  
of less hours preceding his

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Edith Dill Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09349

## 1. PLACE OF DEATH

County

Washington

Village or City

New Shapabury St.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. or foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

Registration Dist. No.

300

St.,

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Infant D. Bazzard

St., Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 10  
(Month)

(Day)

193  
(Year)

22. I HEREBY CERTIFY, That the deceased from

Shapabury

, 19

to , 19

I last saw him alive on ——————, 19 ——————; death is said to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Diseased, at 5 months

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19 ——————

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. B. Mahoney  
(Address) Brookdale Md. M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
Female white		Single	
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year)			
7. AGE	Years	Months	Days
	5		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Shapabury St.		
13. NAME	Jos. W. Bazzard		
14. BIRTHPLACE (city or town) (State or country)	Maryland		
15. MAIDEN NAME	Mary E. Crayton		
16. BIRTHPLACE (city or town) (State or country)	Maryland		
17. INFORMANT (Address)	Jos. W. Bazzard.		
18. BURIAL, CREMATION, OR REMOVAL Place	at. Home Date 9/10 1933		
19. UNDERTAKER (Address)	Shapabury St.		
20. FILED	9/11 1933 E. of Registry Registrar.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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09485

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Washington md  
 Village or City Near Beard's Church

82-2

Registration Dist. No. 302St. ✓ WardLength of residence in city or town where death occurred 5 yrs.No.  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. — ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. near Beard's church St. ✓ Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
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5a. If married, widowed, or divorced:  
HUSBAND of Sarah. Carl.  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>85</u>	Years	Months <u>10</u>	Days <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
Gardener  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)  
04/2

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Near Wilson  
Wash. D. C. and13. NAME Daniel. Carl  
14. BIRTHPLACE (city or town)  
(State or country) Near Wilson  
Wash. D. C. and15. MAIDEN NAME Mary. Suckeburg  
16. BIRTHPLACE (city or town)  
(State or country) Near Wilson  
Wash. D. C. and17. INFORMANT Samuel. Carl.  
(Address) Hagerstown and R.F.D.18. BURIAL, CREMATION OR REMOVAL  
Place Beards graveyard Date Sept 12<sup>th</sup>, 193319. UNDERTAKER Geo. B. Hoover  
(Address) Smithsburg and20. FILED 9/9/1933 J. H. Knishard  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 9  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from Aug 28, 1933, to Sept 9, 1933.I last saw him alive on Sept 9, 1933; death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cystitis obstructionDate of onset  
1926Central Hemorrhage Sept 9  
23

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) No Relatives M. D.  
(Address) Smithsburg and

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09350

## 1. PLACE OF DEATH

County Washington -

119

Registration Dist. No. 311

Village or City Neck Road near Williamsport Md St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Daniel Luther Davis

(a) Residence: No. Same

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
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6a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of XXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year) Nov. 29, 1932

7. AGE Years 9	Months Days 20	If LESS than 1 day, hrs. or min.
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OCCUPATION <i>None</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
<i>None</i>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Williamsport Md  
(State or country)

13. NAME Luther Davis

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Violet Hornbraker

16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Luther Davis  
(Address) Williamsport Md R.F.D.18. BURIAL, CREMATION, OR REMOVAL  
Place Mahor Cemetery Date Sept. 21 193319. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Sept. 21, 1933 J. S. Blasius  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 18, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept. 12, 1933, to Sept. 18, 1933,

I last saw him alive on Sept. 18, 1933; death is said to have occurred on the date stated above, at 12 noon

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Onset acute*Date of onset  
9-11-33

Other Contributory Causes of Importance:

*Indigestion*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) *J. S. Blasius* M. D.(Address) *Williamsport, Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09351

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

(131)

Registration Dist. No. 302St. 3 Ward

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Earley(a) Residence: No. Hagerstown  
 (Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
MARRIED5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofKatherine

6. DATE OF BIRTH (month, day, and year)

Feb 10 - 1862

7. AGE

Years 71Months 7Days 9If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Driver9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Milk Truck10. Date deceased last worked at  
this occupation (month and  
year) July 193211. Total time (years)  
spent in this  
occupation 20 yrs.12. BIRTHPLACE (city or town)  
(State or country) Shippensburg Pa13. NAME Thos J. Earley14. BIRTHPLACE (city or town)  
(State or country) Shippensburg Pa15. MAIDEN NAME Sarah Wallace16. BIRTHPLACE (city or town)  
(State or country) Shippensburg17. INFORMANT Norman S. Earley  
(Address) Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Sept 21, 193319. UNDERTAKER O. K. Coffman  
(Address) Hagerstown Md20. FILED 9/20/33 Staff Boarders

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 19(Month) Sept (Day) 19 (Year) 3322. HEREBY CERTIFY. That I attended deceased from  
Deptiz 1933 to Sept 19, 1933.  
I last saw him alive on Sept 19, 1933; death is said  
to have occurred on the date stated above, at 4 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Chronic interstitial nephritis  
Uraemia Surp.  
Duration: indefinite

Date of onset

Sept 16 33

Other Contributory Causes of importance:

Markable enlargement liver  
and arteriosclerosis liver

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Driv. w. truck  
 (Signature) James W. Earley M. D.  
 (Address) Hagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09352

## 1. PLACE OF DEATH

County Washington

87-6

Registration Dist. No.

302

Village or City HagerstownNo. 998 Potowmack Ave 4 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth?    yrs. mos. ds.2. FULL NAME Frank J. Elliott(a) Residence: No. 998 Potowmack Ave St. 4 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white widower

6a. Married, widowed, or divorcedHUSBAND of  
(or WIFE of)alice B. Elliott

6. DATE OF BIRTH (month, day, and year)

Mar. 26 1854

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

79 5 29

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

6/18 " 11

11. Total time (years)  
spent in this  
occupation 40yrs12. BIRTHPLACE (city or town)  
(State or country)Welsh Run Pa

13. NAME

Jacob Elliott14. BIRTHPLACE (city or town)  
(State or country)Welsh Run Pa

15. MAIDEN NAME

Vancey B. Encinoinga16. BIRTHPLACE (city or town)  
(State or country)Welsh Run Pa

17. INFORMANT

Charlotte Elliott  
998 Potowmack Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 9/27 1933

19. UNDERTAKER

Cremated to bone  
Hagerstown

20. FILED

T-26-1933 Hagerstown  
1933 Death Record

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 25  
(Month) (Day) 1933 (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 18, 1933 to Sept 25, 1933I last saw him alive on Sept 5, 1933; death is said  
to have occurred on the date stated above, at 3 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Ret Merchant leetme sclerous  
leebrae thrombosis

Date of onset

8 yrs  
3 days

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B P. Hender J. M. D.  
(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09353

## 1. PLACE OF DEATH

County Washington

(131)

Registration Dist. No.

302

Village or City Maugansville

St. Ward

Length of residence in city or town where death occurred 10 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Samuel V. Eshleman

(a) Residence: No. Maugansville  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary F. Eshleman

6. DATE OF BIRTH (month, day, and year) Nov 1 - 1847

7. AGE Years 85	Months 10	Days 29	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired.
	10. Date deceased last worked at this occupation (month and year) Sept 30
	11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) Cearfass  
(State or country) Md.

13. NAME Christian Eshleman

14. BIRTHPLACE (city or town) Lancaster  
(State or country) Pa.

15. MAIDEN NAME Lydia Weaver

16. BIRTHPLACE (city or town) Lancaster, Tex  
(State or country) Pa.

17. INFORMANT Iva Eshleman

(Address) Maugansville, Md.

18. BURIAL, CREMATION, OR REMOVAL  
Place Broadmoor Date Oct 3 1933

19. UNDERTAKER H. K. Cox &amp; Son

(Address) Hagerstown, Md.

20. FILED Oct. 1st 1933 General Brewbaker

(Address) Hagerstown Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 30, 1933  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
June 1, 1933 to Sept 20, 1933.  
Last saw him alive on Sept 20, 1933; death is said  
to have occurred on the date stated above, at 2:30 P.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Deceased

Data of onset

Sept. 20

## Other Contributory Causes of importance:

Hypertension, tachycardia  
Diabetes mellitus, indigo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Iva M. Weekly M. D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09354

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County  
near

Village or City

Washington  
Clear Spring (dry Run) Md

166

Registration Dist. No.

303

St.,

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Anna Faith living # 2  
Dry Run Clear Spring Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Sept 19 18

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	✓	✓	✓	1 day, 6 hrs.

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Md.

13. NAME

Earl James Faith

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

Mabel Faith Newlin

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT  
(Address)

Earl J. Faith

18. BURIAL, CREMATION, OR REMOVAL

Place

Private Date Sept 23, 1933

19. UNDERTAKER  
(Address)Richard J. Conner  
Cremating Maryland

20. FILED

Sept 23, 1933

J. C. Murray  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 22

(Month) (Day)

, 1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. m. alive on Sept 19 1933; death is said  
to have occurred on the date stated above, at 10 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hemorrhage from mouth  
Took 4 hours after birth

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

J. W. Rich M. D.  
Clear Spring Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09355

## 1. PLACE OF DEATH

County Washington

WITHIN CORPORATE LIMITS OF

Village or City Hagerstown and

125-B

Registration Dist. No.

302

St.

3

Ward

No. Wash. Reg. Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 10. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Lelida Badgett FishbackSmithsburg, Md. St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Mr. Louis Fishback

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>30</u>	Months <u>4</u>	Days <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Carpenter</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>
10. Date deceased last worked at this occupation (month and year)	<u>2</u>
	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown andWashington andCharler. Fishback.Washington andWash. Reg. HospitalLucie. Dayhoff.Boggs HollbackWash. Co. andLois. Fishback.Smithsburg andSmithsburg CountySept. 25., 1933DatePlace17. INFORMANT(Address)Smithsburg and18. BURIAL, CREMATION, OR REMOVALPlaceSmithsburg CountyDateSept. 25., 193319. UNDERTAKER(Address)Smithsburg and20. FILED1933Chas. BowenRegistrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

9  
(Month)23  
(Day)1933  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Sep. 12, 1933, to Sep. 23, 1933I last saw him alive on Sep. 22, 1933; death is saidto have occurred on the date stated above, at 2 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Access of liver  
Inflamed  
Operation & drainage

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

M. D. Campbell  
M. D.  
Hagerstown, Md.

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Moy 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09356

## 1. PLACE OF DEATH

County Washington

210-1M

Registration Dist. No.

30 2

Village or City Hagerstown,

No. Washington County Hospital 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

4 Hours

## 2. FULL NAME Ethel Fisher

(a) Residence: No. 330 Rhode Island Ave., Washington D. C.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
6. DATE OF BIRTH (month, day, and year) <i>Nov. 27, 1896</i>				
7. AGE <i>34</i>	Years <i>36</i>	Months <i>9</i>	Days <i>5</i>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <i>none</i>				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town) (State or country)		<i>Canada</i>
13. NAME <i>Robt. W. Fisher</i>		
14. BIRTHPLACE (city or town) (State or country)		<i>Vermont</i>
15. MAIDEN NAME <i>Catherine O'Leary</i>		
16. BIRTHPLACE (city or town) (State or country)		<i>Canada</i>

17. INFORMANT (Address)		<i>Hilda Leonard</i> <i>5610-14th St. N.W. Wash. D.C.</i>
18. BURIAL, CREMATION, OR REMOVAL Place		<i>Washington, D.C.</i>
Date		<i>Sept. 5, 1933</i>

19. UNDERTAKER (Address)		<i>Deal Funeral Home</i> <i>816 - K St. N.E. Wash. D.C.</i>
20. FILED		<i>9/21/1933</i>

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*September 2, 1933*  
(Month) (Day), (Year)22. I HEREBY CERTIFY That I attended deceased from  
*Sept. 1, 1933, to Sept. 2, 1933*  
I last saw her alive on *Sept. 1, 1933*; death is said  
to have occurred on the date stated above, at *1:00A* m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:*Automobile accident: fractured skull.* Date of onset  
*Aug. 27/33*

## Other Contributory Causes of Importance:

*None*Name of operation *None* Date of ✓  
What test confirmed diagnosis? Was there an autopsy? *No*23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? *Accident* Data of Injury *Aug. 26, 1933*  
Where did injury occur? *Harvard, Indiana* (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*Automobile accident.* Manner of Injury *Automobile accident*  
Nature of Injury *Fractured skull (base)*24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *R. A. Bell*  
(Signed) *R. A. Bell* M. D.  
(Address) *Hagerstown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorization to change date of birth see letter  
under Fisher.*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09357

## 1. PLACE OF DEATH

County Washington.

Village or City Funkstown.

107-a

Registration Dist. No. 302

St., Ward

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Samuel F Forsythe

(a) Residence: No. Funkstown

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,

Male

white

OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Emma.

6. DATE OF BIRTH (month, day, and year)

Mar 11-1871

7. AGE Years Months Days If LESS than  
62 6 8' 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Sept 12-1933

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town)  
(State or country)Clearspring  
Md.

MOTHER FATHER

13. NAME David Forsythe

14. BIRTHPLACE (city or town)  
(State or country)Clearspring  
Md.

15. MAIDEN NAME Susan Murray

16. BIRTHPLACE (city or town)  
(State or country)Clearspring  
Md.

17. INFORMANT Fred H. Forsythe

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Xayers Town Date: Sept 21, 1933

19. UNDERTAKER F. H. Colleender

(Address)

20. FILED 9/20/1933

194

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept 19.

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on Sept 19 to Sept 19, 1933; death is said

to have occurred on the date stated above, at 12:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis pneumonia Sept 19

Other Contributory Causes of importance:

Acute bronchitis Sept 12

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signature)

(Address)

M. D.

B. M. Agarwal

11

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09358

## 1. PLACE OF DEATH

County Washington  
Village or City Boonsboro

165

Registration Dist. No.

305

St., Ward

Length of residence in city or town where death occurred 5 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Paul Le Roy Gleason  
(a) Residence: No. Boonsboro Md. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	White	Married		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gladys Gleason				
6. DATE OF BIRTH (month, day, and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	25		

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
111	Laborer on Stone machine	Crusher + Threshing	Sept. 10-1933	Life

12. BIRTHPLACE (city or town) (State or country)	Boonsboro
Wash. Co. Md.	

MOTHER FATHER	13. NAME	Earl Gleason
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MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country)	Cayetowne
	Wash. Co. Md.	

MOTHER FATHER	15. MAIDEN NAME	Bessie Bell
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MOTHER FATHER	16. BIRTHPLACE (city or town) (State or country)	Boonsboro
	Wash. Co. Md.	

17. INFIRMANT	Earl Gleason
(Address)	Boonsboro Md.

18. BURIAL, CREMATION, OR REMOVAL	Place Boonsboro Md. Date Sept. 18, 1933
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19. UNDERTAKER	Cliff East Royal
(Address)	Boonsboro Md.

20. FILED	Sept. 18, 1933 William J. East
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 15th, 1933

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at , 19 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Suicide by hanging

Date of onset

Other Contributory Causes of importance:

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter E. Shifler, J.P.

(Address) Boonsboro, Md.

Acting Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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09359

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

119

Registration Dist. No. 302

No. Washington County Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Phyllis J. Godlove

(a) Residence: No.

Fieldlensburg

(Usual place of abode)

✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female White

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, and year)

April 2, 1933

## 7. AGE

Years

Months

5

Days

5

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Hagerstown  
Md

## MOTHER FATHER

## 13. NAME

William W. Godlove

14. BIRTHPLACE (city or town)  
(State or country)Red Cloud  
Neb.

## 15. MAIDEN NAME

Katherine Knight

16. BIRTHPLACE (city or town)  
(State or country)Harrisonburg  
Va

## 17. INFORMANT

(Address)

Mr. William W. Godlove  
Fieldlensburg, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Sept 9, 1933

## 19. UNDERTAKER

(Address)

Scott & Minjisch & Son  
Hagerstown Md

## 20. FILED

(Address)

9-8-18 3:33 P.M. October

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 7

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Aug 28 1933 to Sept 7 1933

I last saw her alive on Sept 7, 1933; death is said

to have occurred on the date stated above, at 4:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Acute Intestinal Indigestion

Date of onset

Other Contributory Causes of importance:

Acidosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Phyllis J. Godlove M. D.

(Signed)

(Address) 101 N. Potomac St. Hagerstown Md.

Dr. Graham

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09360

## 1. PLACE OF DEATH

(123)

Registration Dist. No. 305

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

## 2. FULL NAME

Mary A. Green

(a) Residence: No.

Near Boonsboro

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Married

5a. If married, widowed, or divorced

(or) WIFE OF

Husband Daniel P. Green

6. DATE OF BIRTH (month, day, and year)

January 25 - 1855

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

78

8

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Sept. 26 - 1933

11. Total time (years) spent in this occupation

50 yrs.

12. BIRTHPLACE (city or town)

(State or country)

Myersville

Fred. Co. Md.

13. NAME

Egret Marker

14. BIRTHPLACE (city or town)

(State or country)

Myersville

Fred. Co. Md.

15. MAIDEN NAME

Anne Elizabeth Summers

16. BIRTHPLACE (city or town)

(State or country)

Myersville

Fred. Co. Md.

17. INFORMANT

Daniel P. Green

(Address)

Boonsboro Md. R. 2.

18. BURIAL, CREMATION, OR REMOVAL

Place

Boonsboro

Date Oct. 31, 1933

19. UNDERTAKER

(Address)

Wm. F. Bass &amp; Son

Boonsboro Md.

20. FILED

Oct. 21, 1933

William C. Bass

Registrat.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

9

(Month)

30

(Day)

1933

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

1933, to 1933, death is said

to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Pulmonary edema  
Hypostatic Congestion  
& lungs.  
Other Contributory Causes of Importance  
Institutional Paralysis.

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIDELNCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Buck Dowell M.D.

(Address) Kendysville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

207-3

09361

## 1. PLACE OF DEATH

County Washington County  
Village or City Near Eakles Mill

Registration Dist. No. 316

St., Ward

Length of residence in city or town where death occurred 1 year mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Martin Griffith

(a) Residence: No. Mt Briar Md

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of XXXXXXXXXX

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1915

7. AGE Years 18	Months 7	Days 27	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Gen Work	
10. Date deceased last worked at this occupation (month and year) Aug. 30	11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME Roy Griffith

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Emma Orcutt

16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Roy Griffith  
(Address) Mt Briar Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Briar Date Sept. 14, 1933

19. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Sept. 14, 1933 R. H. Gentry  
Registrar

## 21. DATE OF DEATH

Sept. 12, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Struck and mangled by

railroad train  
(Accident)

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter C. Shifflett J.P.  
(Address) Boonsboro Md. Acting coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09362

## 1. PLACE OF DEATH

County Washington

Village or City Near Keedysville

Length of residence in city or town where death occurred Life

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

93-C

Registration Dist. No. 316

St.

Ward

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Martin Luther Griffith

(a) Residence: No. Near Keedysville

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND ofMary Anne Griffith

6. DATE OF BIRTH (month, day, and year)

July 31 1863

Years Months Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

7. AGE

70

1

1

OCCUPATION

22

8. Trade, profession, or particular

kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

9. Industry or business in which

work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at

this occupation (month and  
year)

January 1-1930

11. Total time (years)

spent in this

occupation

Epe

Labour

Farm

12. BIRTHPLACE (city or town)

(State or country)

Keedysville

Wash. Co. Md.

13. NAME

Henry Griffith

14. BIRTHPLACE (city or town)

(State or country)

Keedysville

Wash. Co. Md.

15. MAIDEN NAME

No Record

16. BIRTHPLACE (city or town)

(State or country)

:::

17. INFORMANT

(Address)

Roy Griffith

Keedysville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt.'Brien

Date Sept. 4, 1933

19. UNDERTAKER

(Address)

W.M. &amp; J. Best &amp; Son

Boonsboro Md.

20. FILED

Sept. 4, 1933

R. P. Hartung

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 2

1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from  
Aug 27 1933, Sept 2, 1933, death is said  
I last saw him alive on Sept 1, 1933, to have occurred on the date stated above, at 5 A.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

1925

Chronic Myocarditis

## Other Contributory Causes of Importance:

Complete stroke apoplexy

Date of

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

G.W. Lettman

Boonsboro

M.D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09363

## 1. PLACE OF DEATH

County Washington County  
Village or City Near Enkle's Mill

207-2

Registration Dist. No.

316

St.

Ward

Length of residence in city or town where death occurred 11 years.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ... ds. How long in U.S. if of foreign birth? yrs. ... mos. ... ds.

2. FULL NAME Norman F Griffith  
Mt Briar

(a) Residence: Nd.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

XXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year)

Not Known

7. AGE About 25 Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. **Laborer**

9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc. **Gen Work**

10. Date deceased last worked at **Aug. 33** 11. Total time (years spent in this occupation) **life**12. BIRTHPLACE (city or town) **Maryland**  
(State or country)13. NAME **Frisby Griffith**  
14. BIRTHPLACE (city or town) **Maryland**  
(State or country)15. MAIDEN NAME **Nina Griffith**  
16. BIRTHPLACE (city or town) **Maryland**  
(State or country)17. INFORMANT **Roy Griffith**  
(Address) **Mt Briar Md**18. BURIAL, CREMATION, OR REMOVAL  
Place **Mt Briar Md** Date **Sept. 14, 1933**19. UNDERTAKER **Albert Leaf**  
(Address) **Williamsport Md**20. FILED **Sept. 14, 1933** *W. H. Gaumer*  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

**Sept. 12, 1933**

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 ..., to ..., 19 ...

I last saw h alive on ..., 19 ...; death is said

to have occurred on the date stated above, at P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

**Struck and mangled by****railroad train.****(Accident)**

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Walter C. Shifler J. P.*(Address) *Boonesboro acting coroner*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09364

## 1. PLACE OF DEATH

County Washington  
Village or City Hazleton

94a)

Registration Dist. No.

302

Length of residence in city or town where death occurred 40 yrs.

No. 216 James St. St., 5 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

216 James

(Usual place of abode)

St., 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female White Married  
Husband or (or) Wife of Walter P. Grimm Nov 5,

6. DATE OF BIRTH (month, day, and year)

Jan 2 1866

7. AGE

Years 65

Months 8

Days 15

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 7/25/32

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) Winchester  
(State or country) Va

13. NAME Rytle Grimm

14. BIRTHPLACE (city or town) Winchester  
(State or country) Va

15. MAIDEN NAME Nancy Carker

16. BIRTHPLACE (city or town) Winchester  
(State or country) Va

17. INFORMANT W. P. Grimm

(Address) 216 James St

18. BURIAL, CREMATION, OR REMOVAL

Place Winchester Date 9/20 1933

19. UNDERTAKER Caskets &amp; Sons

(Address) Hazleton &amp; Sons

20. FILED 9/19 1933

(Signed) Dr. Shirley M. D.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 17

(Month) (Year)

I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Sept 8, 1933; death is said to have occurred on the date stated above, et 9 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris

Date of onset Sept 17 1933

## Other Contributory Causes of Importance:

Chronic Myopathy  
+ Hypertension

15 yrs ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? Date

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Shirley M. D.

(Address) Hazleton &amp; Sons

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Peritonitis	3 days ago

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09365

## 1. PLACE OF DEATH

County

Washington

1248

Village or City

Smithsburg

Registration Dist. No.

304

Length of residence in city or town where death occurred

40

No.  
(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth?  
mos. ds.

## 2. FULL NAME

Alice Rae Harne

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

female

## 4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5d. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of

Austin Lee Harne

## 6. DATE OF BIRTH (month, day, and year)

Apr - 6 - 1906

## 7. AGE

27

Years

Months

Days

8

If LESS than  
1 day,  
hrs.  
or  
min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

2 yr

11. Total time (years)  
spent in this  
occupation

life

12. BIRTHPLACE (city or town)  
(State or country)

Maryland

## MOTHER

## FATHER

## 13. NAME

Wm. F. Lewis

14. BIRTHPLACE (city or town)  
(State or country)

Maryland

## 15. MATURE NAME

Mary Susie Malinda Forest

16. BIRTHPLACE (city or town)  
(State or country)

Maryland

## INFORMANT

Austin L. Harne

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Bethel Cemetery

Sept. 16, 1933

## 19. UNDERTAKER

(Address)

Emory F. Fergerson

Smithsburg, W. Va.

Date

Sept. 1, 1933

Geo. W. Ferguson

Registrar

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09366

## 1. PLACE OF DEATH

County Washington  
WITHIN CORPORATE LIMITS OF  
Village or City Hagerstown

Registration Dist. No. 302

St., 5 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Stillborn child of Floyd Hasenbuhler

(a) Residence: No. 226 Alexander Street St., 5 Ward.  
(Usual place of abode)

If nonresident give city of town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 15, 1933

7. AGE Years Stillborn	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Infant
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown,  
(State or country) Md.13. NAME Floyd Ha senbuhler  
14. BIRTHPLACE (city or town) Cumberland  
(State or country) Md.15. MAIDEN NAME Ruth Woods,  
16. BIRTHPLACE (city or town) Hagerstown  
(State or country) Md.17. INFORMANT Floyd Hasenbuhler,  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, Md. Date Sept. 17, 193319. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 9/16/33 by [Signature]  
Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 16, 15  
(Month)1933  
(Year)

22. I HEREBY CERTIFY That attended deceased from Sept. 15, 1933, to Sept. 15, 1933

I last saw deceased on Sept. 15, 1933; death is said to have occurred on the date stated above, et al. 5:45 p.m.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset  
*Stillborn*

## Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_

(over)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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*copy of death certificate*

## MARGIN RESERVED FOR BINDING

V. S. No. 1

Dr. Campbell.

N. B.—WRITE PLAINLY—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09367

## 1. PLACE OF DEATH

County Hanover  
 Village or City Hagerstown

(181)

Registration Dist. No. 302St. 3 WardLength of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U.S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME

Kesley Christine Hawks(a) Residence: No. 302 n. Mulberry St., H Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, end year) July 10 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	5	2	1	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	None	Date of onset
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)  
(State or country) Williamsport  
MD13. NAME Lester Hawks  
FATHER14. BIRTHPLACE (city or town)  
(State or country) Richmond  
VA15. MAIDEN NAME Ethel Hawbaker  
MOTHER16. BIRTHPLACE (city or town)  
(State or country) Williamsport  
MD17. INFORMANT Mrs. Emma Hawbaker  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Williamsport Date Sept. 12, 193319. UNDERTAKER F. K. Coxman  
(Address) Hagerstown, Md.20. FILED 9/11- 1933 Chas. J. Campbell

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 10  
(Month) 1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 10, 1933 to Sept. 10, 1933.I last saw him alive on Sept. 10, 1933; death is said to have occurred on the date stated above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental burns of  
entire body  
Surface, from clothing  
catching fire - open  
fire in yard

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. D. Campbell M. D.(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09368

V. S. No. 1  
MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Registration Dist. No. 302

St. 5 Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Ronald R. Heflin.

(a) Residence: No. 47 Charles

St. 5 Ward

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Aug 16. 1932.

7. AGE Years 1	Months	Days 21	If LESS than 1 day, hrs. or min.
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OCCUPATION <i>None</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)

Infant.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown.  
(State or country) Maryland.

13. NAME Raymond Heflin.

14. BIRTHPLACE (city or town) Luray.  
(State or country) Va.

15. MAIDEN NAME Hazel Hatfield.

16. BIRTHPLACE (city or town) Fidlersburg.  
(State or country) Md.17. INFORMANT Raymond Heflin.  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Rest Haven Cemetery Date Sept 6, 193319. UNDERTAKER Fred W. Kraiss.  
(Address) Hagerstown, Md.20. FILED 9-6-1933 *Charl. Scott, Secretary*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 4, 1933  
(Month) (Day) (Year)22. I HEREBY CERTIFY That attended deceased from Sept 1, 3, 1933, to Sept 4, 1933  
I last saw him alive on Sept 3, 1933, death is said to have occurred on the date stated above, at 6: A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Intestinal Intussusception (acute)*  
*Intussusception*

Other Contributory Causes of importance:

*Intestinal Indigestion acute* 9/3/33

Name of operation *none* Data ofWhat test confirmed diagnosis *clinical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *J. Robert Wells* M. D.  
(Address) *1167 N. Patowmack, Hagerstown, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09369

## 1. PLACE OF DEATH

County Washington

Village or City Near Dam # 4

Registration Dist. No. 311

St. Ward

Length of residence in city or town where death occurred life

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Clark Henson

same

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of XXX

6. DATE OF BIRTH (month, day, and year) August 12, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
			24	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.	none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dam #4 Md  
(State or country)

13. NAME Harry Henson

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Blanche Griffin

Falling Waters

W. Va

16. BIRTHPLACE (city or town) Harry Henson

Dam. #4 Md

17. INFORMANT

Place Bakersville Md Date Sept. 7, 1933

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Bakersville Md Date Sept. 7, 1933

19. UNDERTAKER Albert Leaf

(Address) Williamsport Md

20. FILED Sept. 7, 1933 J. D. Blance Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 5, 1933

(Month) (Day), 19 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19;

I last saw h. alive on , 19; death is said

to have occurred on the date stated above, at 7 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Natural Causes

had whooping cough 1 week

(No Medical Attendance)

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

H. M. Ware Acting  
Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	OCT 18 1922
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09370

## 1. PLACE OF DEATH

County Washington  
Village or City Near Dam #4

1058

Registration Dist. No.

311

St. Ward

Length of residence in city or town where death occurred yrs. life ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Mary Anna Henson

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Second place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
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5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

XXX

6. DATE OF BIRTH (month, day, and year) Feb. 3, 1928

7. AGE Years 5	Months 7	Days 4	If LESS than 1 day, hrs. or min.
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OCCUPATION <i>Office</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dam # 4  
(State or country)

13. NAME Harry Henson

14. BIRTHPLACE (city or town) Dam # 4  
(State or country)

15. MAIDEN NAME Blanche Griffith

16. BIRTHPLACE (city or town) Falling Waters W.Va  
(State or country)17. INFORMANT Harry Henson  
(Address) Dam # 418. BURIAL, CREMATION, OR REMOVAL  
Place Bakersville Md Date Sept. 8, 193319. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Sept. 8, 1933 J. S. Bloomer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 7, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

*Sept 4, 1933 to Sept 4, 1933*I last saw her alive on *Sept 4, 1933*; death is said to have occurred on the date stated above, at *4:30 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Lobar Pneumonia*  
*Cause?*

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

*Not Lesher*  
M. D.  
(Address) Williamsport Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Example II

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09371

## 1. PLACE OF DEATH

County Washington  
Village or City Funkstown

Registration Dist. No. 302

St., Ward

Length of residence in city or town where death occurred 18 yrs. 5 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Freeling N. Hoffmaster(a) Residence: No. Funkstown St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Laura V. Hoffmaster</u>			
6. DATE OF BIRTH (month, day, and year)	<u>Oct 19 - 1857</u>		
7. AGE Years <u>75</u>	Months <u>11</u>	Days <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION <u>Farmer</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Self</u>	10. Date deceased last worked at this occupation (month and year) <u>March, 1915</u>
	11. Total time (years) spent in this occupation <u>14</u>

MOTHER / FATHER <u>Pa.</u>	12. BIRTHPLACE (city or town) (State or country) <u>Jefferson Co. Pa.</u>
	13. NAME <u>Geo. W. Hoffmaster</u>

MOTHER / FATHER <u>Pa.</u>	14. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>
	15. MAIDEN NAME <u>Catherine Carr</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Pa.</u>

	17. INFORMANT <u>Mrs. Guy Hoffmaster</u> (Address) <u>Funkstown Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Hagerstown Md.</u> Date <u>9/30/1933</u>
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19. UNDERTAKER <u>Scott F. Myrick &amp; Son</u> (Address) <u>Hagerstown Md.</u>
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20. FILED <u>9/28/1933</u> <u>Death</u> <u>Heavers</u>
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 28

(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1932, to Sept. 27, 1933.I last saw him alive on Sept. 27, 1933; death is said to have occurred on the date stated above, at 1:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Hodgkin disease.

Other Contributory Causes of Importance:

Neoplastic, neoplasms

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) D. H. Rutherford M. D.(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

82d

09372

## 1. PLACE OF DEATH

County Washington  
WITHIN CORPORAL LIMITS  
Village or City Hagerstown

Registration Dist. No. 302St. 2 Ward

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Mrs Mary H. Hooley(a) Residence: No. 762 Spruce, St. 2 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
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5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
Scarb.6. DATE OF BIRTH (month, day, and year) Feby 10 - 1849

7. AGE Years <u>83</u>	Months <u>7</u>	Days <u>6</u>	If LESS than I day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u>	Date deceased last worked at this occupation (month and year) <u>Sept 16 - 1933</u>	II. Total time (years) spent in this occupation <u>40 yrs</u>
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12. BIRTHPLACE (city or town) (State or country) <u>Ringgold</u>	md.
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13. NAME <u>Peter Barkdoll</u>	14. BIRTHPLACE (city or town) (State or country) <u>Ringgold</u>
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15. MAIDEN NAME <u>Susan Shantz</u>	16. BIRTHPLACE (city or town) (State or country) <u>Ringgold</u>
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17. INFORMANT <u>Russell E. Harlile</u>	(Address) <u>Hagerstown Md.</u>
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18. BURIAL, CREMATION, OR REMOVAL Place <u>Ringgold Md.</u>	Date <u>Sept 18, 1933</u>
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19. UNDERTAKER <u>A. Coxman</u>	(Address) <u>Hagerstown Md.</u>
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20. FILED <u>9/19/33</u>	10:33 a.m. <u>Blair, Hagerst.</u>
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Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 16(Month) (Day), 19<sup>33</sup> (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_. I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_\_.; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Evidently a stroke of paralysis.

Date of onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_. Where did injury occur? \_\_\_\_\_

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Robert Dupper, Coroner M. D.  
(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09373

## 1. PLACE OF DEATH

County Washington

Village or City Marylandsville

Length of residence in city or town where death occurred 10 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 302

St. Ward

## 2. FULL NAME Stella May Hoover

(a) Residence: No. Marylandsville  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) Wife of

6. DATE OF BIRTH (month, day, and year) June 3-1887

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 46 3 13

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) Gettysburg  
(State or country) Pa.

13. NAME Milton F. Hoover

14. BIRTHPLACE (city or town) Greece Home  
(State or country) Pa.

15. MAIDEN NAME Emma K. Hart

16. BIRTHPLACE (city or town) Mimasburg  
(State or country) Pa.17. INFORMANT (Address) Milton F. Hoover  
Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Sept 18, 1933

19. UNDERTAKER A.K. Coxman  
(Address) Hagerstown, Md.20. FILED Sept. 17, 1933 George H. Brewster  
Deputy Clerk Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept 16, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from March 28, 1925, to Sept. 16, 1933.

I last saw her alive on Sept. 15, 1933; death is said to have occurred on the date stated above, at 9:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma R. Breast  
Cerebral Rigidity  
Cere, stomach and  
Mediastinal glands - and  
Pericarditis - ed. corum. Date of onset  
1927  
1932  
1933

Other Contributory Causes of Importance:

Infection Date of onset  
1923Name of operation Dr. Breast Date of 1929  
What test confirmed diagnosis Pathology Was there an autopsy? No.23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? Date of injury 19  
Where did injury occur?(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify H. Bonnager

(Signed)

(Address) Young St., Hagerstown, Md. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

— Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

— Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09375

## 1. PLACE OF DEATH

County Washington  
Village or City Harlan

34

Registration Dist. No.

300

St. Ward

Length of residence in city or town where death occurred yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Frances Eloise Houser

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Single

6a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

IF LESS than  
I day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

Single July 17 1933

9 10

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or county)

13. NAME

14. BIRTHPLACE (city or town)  
(State or county)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date Sept 23, 1933

19. UNDERTAKER

(Address)

20. FILED

Date

## 21. DATE OF DEATH

Sept 22  
(Month)  
(Day)1933  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Butt 7/11, 1933 to Aug 15, 1933; death is said

I last saw h. e. alive on Aug 15, 1933; death is said

to have occurred on the date stated above, at 3:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital malformations  
Post mortem  
probably Live C.

Date of onset

7-11-33

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter H. Spealer  
(Address) Sparrowsong, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09376

## 1. PLACE OF DEATH

County WashingtonVillage or City HagerstownLength of residence in city or town where death occurred Life

92a

Registration Dist. No. 302St. 4

Ward

No. 811 - Mulberry Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.      ds.      How long in U.S. If of foreign birth?      yrs.      mos.      ds.

2. FULL NAME William Clarence Harley(a) Residence: No. Hagerstown St., Md. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE; MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Married5a. If married, widowed, or divorced  
HUSBAND or  
(or) WIFE ofMrs. Minnie Harley6. DATE OF BIRTH (month, day, and year) April 23 - 1854

7. AGE

Years 79Months 4Days 15If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
Painter9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
House10. Date deceased last worked at  
this occupation (month and  
year) 192011. Total time (years)  
spent in this  
occupation Life12. BIRTHPLACE (city or town)  
(State or country) Hagerstown  
Wash. Co. Md.13. NAME Ezekiel C. Harley14. BIRTHPLACE (city or town)  
(State or country) Chewsville  
Wash. Co. Md.15. MAIDEN NAME Catharine Crichton16. BIRTHPLACE (city or town)  
(State or country) Hagerstown  
Wash. Co. Md.17. INFORMANT Mrs. Minnie Harley  
(Address) Hagerstown Md.18. BURIAL, CREMATION OR REMOVAL  
Place Bowman Date Sept. 10, 193319. UNDERTAKER Wm S. Baat & Son  
(Address) Bowman Md.20. FILED 8-8-33 Bluff Bowers

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9/9th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

8/1 1933 to 9/7 1933; death is saidI last saw him alive on 9/7, 1933; death is said  
to have occurred on the date stated above, at 1107thThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:cerebral hemorrhage

Date of onset

Other Contributory Causes of importance:

arterio - sclerotic's  
Chronic Endocarditis

Name of operator

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signad)

J. L. Muller

M. D.

DR. VICTOR D. MULLER

111 E. 25TH STREET

BAUERSTOWN, MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09377

## 1. PLACE OF DEATH

County

Washington

Registration Dist. No.

304

Village or City

Hancock Md.

St.

Ward

Length of residence in city or town where death occurred

No.

mos.

ds.

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

RFD #2 Hancock St. 2nd Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

May 4, 1927

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Single

None

None

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Fulton Co Pa.

MOTHER

FATHER

13. NAME

Stillwell A. Johnson

14. BIRTHPLACE (city or town)  
(State or country)

Fulton Co Pa.

15. MAIDEN NAME

Margaret E. Sherman

16. BIRTHPLACE (city or town)  
(State or country)

Franklin Co Ind.

17. INFORMANT  
(Address)

Joe Whisner

18. BURIAL, CREMATION, OR REMOVAL  
Place

Hancock

Date 9/21 1933

19. UNDERTAKER  
(Address)

J. P. Jenkins

20. FILED

9/20 1933 J. P. Jenkins

Registrars

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 20  
(Month)1933  
(Year)

22. I HEREBY CERTIFY that I attended deceased from

I last saw him alive on Sept 20, 1933; death is said

to have occurred on the date stated above, at 11:00 a.m.,  
f 9:30; death is saidThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Data of onset

Bradyocardia

Other Contributory Causes of importance:

Diphtheria

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D.

(Address) \_\_\_\_\_



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09378

## 1. PLACE OF DEATH

County

Washington

(46)

Registration Dist. No.

302

Village or City

Hagerstown

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William H. Joslin

(a) Residence: ND.

418 W. Washington

(Usual place of abode)

St. / Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 9-1870

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

January 1933

11. Total time (years)  
spent in this  
occupation

Salesman

12. BIRTHPLACE (city or town)

(State or country)

Clear Spring

Md.

MOTHER / FATHER

13. NAME

Edward Joslin

14. BIRTHPLACE (city or town)

(State or country)

Clear Spring

Md.

15. MAIDEN NAME

Barbara Miley

16. BIRTHPLACE (city or town)

(State or country)

Clear Spring

Md.

17. INFIRMATANT  
(Address)

Mrs. Cahill

Chattanooga, Tenn.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Clear Spring

Md.

Sept 16, 1933

19. UNDERTAKER

(Address)

A. K. Cox, M.A.

Hagerstown, MD

20. FILED

9/15/33

Chart Success

Registrat.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 13

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from  
Nov. 10, 1933, to Sept 13, 1933

I last saw him alive on Sept 11, 1933; death is said

to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Pulmonary Embolism

Date of onset

Other Contributory Causes of Importance:

Carcinoma of Esophagus

Name of operation Gastrectomy Date of Aug 27, 1933

What test confirmed diagnosis Necropsy Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury? 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or IN PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed J. W. Wertz M. D.

(Address) 115 N. Pennsylvania

MARGIN RESERVED FOR BINDING

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V. S. No. 1

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09379

## 1. PLACE OF DEATH

County Washington

WITNESSED &amp; COPIED AT IT IS

Village or City HagerstownLength of residence in city or town where death occurred 30 yrs.

mos.      ds.

953

Registration Dist. No. 302

302

Ward

No. 192 W. Forendry St., 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth?      yrs.      mos.      ds.

2. FULL NAME Rohetta L Judd(a) Residence: No. 192 W. Forendry St., 1 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white widow

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND  
(or) WIFE of

widow

Abram Judd

6. DATE OF BIRTH (month, day, and year)

7. AGE      Years      Months      Days

If LESS than  
1 day,      hrs.  
or      min.abt 65

at home

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Page Co Va

13. NAME

Fred Frazier14. BIRTHPLACE (city or town)  
(State or country)Page Co Va

15. MAIDEN NAME

Margaret —16. BIRTHPLACE (city or town)  
(State or country)Page Co Va

17. INFORMANT

Rosina Ballou

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hagerstown Date 9/28/37

19. UNDERTAKER

Crematory Sons

(Address)

20. FILED 9-28-19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 24<sup>th</sup>  
(Month)      (Day)      , 19<sup>37</sup>  
Year

22. I HEREBY CERTIFY. That I attended deceased from

, 19      to      , 19

I last saw h.      alive on      , 19      ; death is said  
to have occurred on the date stated above, at      m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Natural Causes  
probably heart  
trouble

Other Contributory Causes of Importance:

Name of operation      Date of

What test confirmed diagnosis?      Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury      , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Murphy  
(Address) Acting Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09380

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

210-mm

Registration Dist. No. 302

Length of residence in city or town where death occurred

yrs. mos. 2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Robert Kerus  
 (Usual place of abode) 26 Hancock rd ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white single

5e. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

X 4

6. DATE OF BIRTH (month, day, and year)

May 5/1903

7. AGE

Years 30Months 3Deys 29If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Labover11. Total time (years)  
spent in this  
occupation 10 yrs12. BIRTHPLACE (city or town)  
(State or country)Hancock md

## MOTHER FATHER

13. NAME Robt. Kerus Jr14. BIRTHPLACE (city or town)  
(State or country) Wash Co15. MAIDEN NAME Jessie Dugyan16. BIRTHPLACE (city or town)  
(State or country) Lemmerland Ind

17. INFORMANT

Mr Jessie Kerus  
Hancock md

18. BURIAL, CREMATION, OR REMOVAL

Place Hancock Date 9/7, 1933

19. UNDERTAKER

Cundister & Sons  
Hagerstown md

20. FILED

9-6-33 Chas Powers

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 4th  
(Month) 1933  
(Year)22. I HEREBY CERTIFY, That I attended deceased from Sept. 3rd, 1933, to Sept 4th, 1933I last saw him alive on Sept 4th, 1933; death is said to have occurred on the date stated above, at 8:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Froctioned 4th lervine  
vertebrae, and cord  
riking, recetive from  
actes de la Barley spr.

Date of onset

Other Contributory Causes of importance:

Injuriy of cerebrolig from  
upper clifit down

Name of operation none

Date of

What test confirmed diagnosis? X-rayWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 9/3, 1933Where did Injury occur? near Barley spr., wva

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury accidentNature of injury Fractured Cervical Vertebraebut injur to cord24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. H. Powers M. D.(Address) Hagerstown md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:	.
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	.
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

Washington

82-a

Registration Dist. No.

09381

Village or City

Ella Frances Little Hancock Md

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. if of foreign birth?

yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

E. M. Ann

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female

White

Single

Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan 11 1876

7. AGE Years Months Days If LESS than

57 8 17 1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years  
spent in this  
occupation)

Housework

12. BIRTHPLACE (city or town)  
(State or country)

Hancock Md

13. NAME

Charles A. Little

14. BIRTHPLACE (city or town)  
(State or country)

Hancock Md

15. MAIDEN NAME

Lilia M. Bowers

16. BIRTHPLACE (city or town)  
(State or country)

Lexington Ky

17. INFORMANT

Annie A. Little

(Address)

Hancock Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

9/26/33

19. UNDERTAKER

J. P. Jenkins

(Address)

Hancock Md

20. FILED

9/25/33

J. P. Jenkins

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 23

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

9/2/33 19 to 9/25/33 19; death is said

I last saw her alive on 9/23/33 19 to death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Cerebral Hemorrhage

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ M. D. J. P. Jenkins

(Signed) J. P. Jenkins, M. D.

(Address) Hancock Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09382

## 1. PLACE OF DEATH

County

Washington

159

Registration Dist. No.

302

Village or City

Hagerstown

No.

Wash. Co. Wash. St., 3

Ward

Length of residence in city or town where death occurred

yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Stillborn (Putman)

St., 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male white single

XX

If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

9-4-33

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or 10 min.

still born

None

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown

MOTHER FATHER

13. NAME

Wm. Putman

(State or country)

red

14. BIRTHPLACE (city or town)

Hagerstown

(State or country)

red

15. MAIDEN NAME

Marie Springer

(State or country)

red

16. BIRTHPLACE (city or town)

Hagerstown

(State or country)

red

17. INFORMANT

Mrs. Rockwell

(Address)

Hagerstown red

red

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 9/5 1933

red

19. UNDERTAKER

Burke &amp; Sons

(Address) Hagerstown red

red

20. FILED

9-5 1933

Baptist Church Registrar

MARGIN RESERVED FOR BINDING

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## 21. DATE OF DEATH

9  
(Month)4  
(Day)1933  
(Year)

22. I declare by my aff'x. That I attended deceased from

to Sept 4, 1933

I last saw him alive on Sept 4, 1933, death is said to have occurred on the date stated above, at 2:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

5 months factor

Data of onset

## Other Contributory Causes of Importance:

Spontaneous abortion  
following operation on mother  
for acute appendicitis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry Parker M. D.

(Address) 121 W. West St Hagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization for death under one year see birth cert. 9/4/33

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09383

## 1. PLACE OF DEATH

County Washington

142-6

Registration Dist. No.

302

Village or City Hagerstown Md. Clark Co. Hospital

St. 3 Ward

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Bertha May Markley

(a) Residence: No. Mapleville Md. St. J Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R. Markley.		
6. DATE OF BIRTH (month, day, and year)	Dec. 24-1883	
7. AGE Years	Months	Days
39	8	28

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clerk
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Department Store
10. Date deceased last worked at this occupation (month and year)	Sept. 9-1933
11. Total time (years) spent in this occupation	17 yrs

12. BIRTHPLACE (city or town) (State or country)	Mapleville Md.
13. NAME Charles Sloop.	

14. BIRTHPLACE (city or town) (State or country)	Mapleville
15. MAIDEN NAME Margaret E. Pryor	

16. BIRTHPLACE (city or town) (State or country)	Goldsboro
17. INFORMANT John R. Markley.	

18. BURIAL, CREMATION, OR REMOVAL Place	Fairview Cemetery Date Sept. 24, 1933
19. UNDERTAKER Wm. D. Coffey	

20. FILED 9/22/33 Chaffin's	Registrar.
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept. 22

(Month) (Day), 19 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 19, 1933 to Sept. 22, 1933, death is said

I last saw her alive on Sept. 21, 1933, death is said to have occurred on the date stated above, at 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

*Hysterical Ectopic gestation*

Other Contributory Causes of importance:

Name of operation Date of Sept. 19, 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. W. Lettany M. D.  
(Address) Boonsboro.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09481

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Hagerstown

Length of residence in city or town where death occurred yrs.

Registration Dist. No. 302

302

No. Washington County Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Infant male

Mapleville, Md.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Sept 20, 1933

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hagerstown, Md.

FATHER

13. NAME Robert Mackley

14. BIRTHPLACE (city or town)

(State or country)

Rel. to my

Md.

15. MAIDEN NAME Bertha Stroop

16. BIRTHPLACE (city or town)

(State or country)

Washington Co.

17. INFORMANT

(Address)

Dr. S. W. Litan

Boonsboro.

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

, 19

19. UNDERTAKER

(Address)

20. FILED

, 19

302 11/29/41 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## 21. DATE OF DEATH

Sept. 20  
(Month)  
(Day)1933  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
Sept 20, 1933, to Sept 20, 1933I test sew h. alive on Sept 20, 1933, death is said  
to have occurred on the date stated above, at 9 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Stillborn  
Ectopic Pregnancy.

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

S. W. Litan  
Boonsboro  
M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
Gastroenteritis	1 year

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH 09384

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County WashingtonVillage or City Hagerstown Md - Clark Co. HospitalRegistration Dist. No. 302St. 3 Ward

If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_ yrs. \_\_\_\_ mos. 2 ds. How long in U.S. If of foreign birth? \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. James Marsh(Usual place of abode) Beaver Creek

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)MaleWhiteSingle5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofSingle

6. DATE OF BIRTH (month, day, and year)

1868

7. AGE

64

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) Sept 1-1933LaboredFarm11. Total time (years)  
spent in this  
occupation Life12. BIRTHPLACE (city or town)  
(State or country)Beaver Creek  
Wash. Co. Md.

MOTHER FATHER

13. NAME John Marsh14. BIRTHPLACE (city or town)  
(State or country) Beaver Creek  
Wash. Co. Md.15. MAIDEN NAME Katharine Meissner16. BIRTHPLACE (city or town)  
(State or country) Beaver Creek  
Wash. Co. Md.17. INFORMANT Joseph Witmer(Address) Beaver Creek Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Beaver Creek Date Sept. 20, 193319. UNDERTAKER C. J. Baug & Sons(Address) Boonsboro Md.20. FILED 9-19-1933

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 18

(Month)

(Day)

, 193 (Year)

22. HEREBY CERTIFY. That I attended deceased from

9/16193to 9/18

, 19

I last saw him alive on 9/17 - 1933, 19.; death is said to have occurred on the date stated above, et. 1 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis - PneumoniaDate of onset 9/1

Other Contributory Causes of Importance:

Chronic Endocarditis  
" Neurritis

Name of operation \_\_\_\_\_

Data of \_\_\_\_\_

What test confirmed diagnosis? stethoscope

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) John O'Killion M. D.(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## Clark L Martin

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09385

## 1. PLACE OF DEATH

County

Washington

(97)

Village or City

Halfway

302

Length of residence in city or town where death occurred

yrs. mos. ds.

Registration Dist. No.

No. 2008 Gay St.

St. ✓ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Clark L Martin

(a) Residence: No. 2008 Gay St.

(Usual place of abode)

St. ✓ Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White Single

Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Singer

6. DATE OF BIRTH (month, day, and year)

Dec 6 = 1869

7. AGE Years Months Days If LESS than  
64 9 25 1 day, . hrs.  
or . min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Indiana Springs  
Wash Co. Ind.

13. NAME Father

Daniel L Martin

14. BIRTHPLACE (city or town)  
(State or country)

Ringgold Mo

15. MAIDEN NAME

Elizabeth Hanstein

16. BIRTHPLACE (city or town)  
(State or country)Maynasboro Pa  
Franklin Co

17. INFORMANT

Mrs C L Summary & Co  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Randyville Ind

Place

Rose Hill Hagerstown

Date 10-23 1933

19. UNDERTAKER

C L Summary &amp; Co

(Address)

Randyville Ind

20. FILED

9/30/33 Clerk of Socors

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 30, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

July 5, 1933, to Sept. 30, 1933.

I last saw her alive on Sept. 28, 1933; death is said

to have occurred on the date stated above, at 6:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Arteriosclerosis

Date of onset  
July 1933

Other Contributory Causes of Importance:

Name of operation None Data of none

What last confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. Howard George M. D.

(Address) Hagerstown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09386

## 1. PLACE OF DEATH

County Washington

Village or City Funkstown

Length of residence in city or town where death occurred 7 yrs.

No.

Registration Dist. No. 3020

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Emmanuel Keller Martin

(a) Residence: No. Funkstown

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Elizabeth

6. DATE OF BIRTH (month, day, and year) July 19 - 1881

7. AGE Years Months Days If LESS than  
52 1 9 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bookkeeper  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Smithsburg  
(State or country) Md.13. NAME John Martin.  
14. BIRTHPLACE (city or town) Hedgesburg  
(State or country) Md.

15. MAIDEN NAME Cora Gaver

16. BIRTHPLACE (city or town) Hedgesburg  
(State or country) Md.17. INFORMANT Mrs. E. K. Martin  
(Address) Funkstown, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Hedgesburg, Md. Date Oct 1, 1933

19. UNDERTAKER E. K. Cuykman  
(Address) Hedgesburg, Md.20. FILED 9/29/33 Brass Bowens  
(Address) Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12/25, 1932, to 9/28, 1933

I last saw him alive on 9/28, 1933; death is said to have occurred on the date stated above, at 10:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis  
Myocarditis  
Coronary sclerosisDate of cause  
1928

1928

1932

Other Contributory Causes of importance:

Nephritis ch.

1952

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_ (Signed) H. L. Porterfield M. D.

(Address) 136 W Wash St.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09387

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Near Reid, Md.

Registration Dist. No. 302

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Fannie Elizabeth Martin

(a) Residence: No. Near Reid, Md.

St. ✓ Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
---------------	------------------------	--

5a. If married, widowed, or divorced  
HUSBAND OF (or) WIFE OF Jonas Martin

6. DATE OF BIRTH (month, day, and year) April 9, 1886.

7. AGE Years 47	Months 5	Days 11	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Home Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Leitersburg, Md. (State or country)

13. NAME Andrew Miller,

14. BIRTHPLACE (city or town) Washington County, Md. (State or country)

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) Washington County, Md. (State or country)

17. INFORMANT Jonas Martin,  
(Address) Near Reid, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cider Grove Cemetery Date Sept. 24, 1933

19. UNDERTAKER Fred L. Kraiss,  
(Address) Hagerstown, Md.20. FILED 9/24/33 by J. H. Hartman  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 20  
(Month) (Day) , 1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from Feb. 1928, to Sept. 20, 1933.

I last saw her alive on Sept. 20, 1933; death is said to have occurred on the date stated above, et 12 Midnight.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute myocarditis after 5 days

Other Contributory Causes of importance:

Splenomegaly and peritonitis Sept. 1928

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. H. Hartman M. D.

(Address) Hagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09388

## 1. PLACE OF DEATH

County

Wash

1042

Registration Dist. No. 305

Village or City

Near Mt. Aetna

St.,

Ward

Length of residence in city or town where death occurred

Sifys.

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds. How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Helen Virginia Marty

(a) Residence: No.

Near Mt. Aetna

St.,

Ward.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, end year)

October - 11 - 1926

7. AGE

Years Months Dey

6

11

0

If less than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

None

at home

11. Total time (years)  
spent in this  
occupation

life

12. BIRTHPLACE (city or town)  
(State or country)Beaver Creek  
Wash. Co. Md.

MOTHER

FATHER

13. NAME Harry E. Marty

14. BIRTHPLACE (city or town)  
(State or country)Beaver Creek  
Wash. Co. Md.

15. MAIDEN NAME Nellie Bowman

16. BIRTHPLACE (city or town)  
(State or country)Mt. Aetna  
Wash. Co. Md.

17. INFORMANT

(Address)

Harry E. Marty

Boonsboro R-1

18. BURIAL, CREMATION, OR REMOVAL

Place Boonsboro Date Sept. 13, 1933

19. UNDERTAKER

(Address)

C.W. Bost &amp; Son

Boonsboro Md.

20. FILED Sept. 13, 1933 William F. Bost

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept

11

1933

22. I HEREBY CERTIFY That I etloned deceas from

Aug 18, 1933 to Sept 11, 1933

I last saw her alive on Sept. 11, 1933, death is said  
to have occurred on the date stated above, at 8 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Septacoccus  
Septacalma

Date of onset Aug 24

Other Contributory Causes of Importance:

F. r. s. of L. inactis Aug 16  
(lytic)

Name of operation

Date of

What test confirmed diagnosis?

Blood Culture

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓

Date of injury 19

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Date of

Nature of injury ✓

Date of

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) G. G. K. obley

M. D.

(Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

92-21

09389

## 1. PLACE OF DEATH

County Washington  
Village or City Sandy Hook

Registration Dist. No. 307

St. Ward

Length of residence in city or town where death occurred 17 yrs. 2 mos. 25 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME John James Mc Lane

(a) Residence No. Sandy Hook Md.  
(Usual place of abode)

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Emma Mc Lane

6. DATE OF BIRTH (month, day, and year) June 12 1856

7. AGE Years 77 Months 2 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Store Keeper  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town)  
(State or country) Wash Co Md.

13. NAME John J. Mc Lane

14. BIRTHPLACE (city or town)  
(State or country) Frederick Co Md

15. MAIDEN NAME Elizabeth O'Neal

16. BIRTHPLACE (city or town)  
(State or country) County Cork Ireland17. INFORMANT Mrs Dulcie Larchia  
(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Cemetery Md. Date Sept 11, 1933

19. UNDERTAKER J. H. Beckles  
(Address) Bolvar W. Va.20. FILED Sept. 8th, 1933. Cornelius W. Castle  
(Signature) Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept 7, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 1, 1933, to Sept 1, 1933

I last saw him alive on Sept 1, 1933, death is said to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Principal Cause of Death: Nutrional Insufficiency Nutrion

Date of onset

Other Contributory Causes of importance:

Atrois Sclerosis Nutrion

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas A. Miller M. D.

(Address) Bellmead, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington 82a  
 Village or City Hagerstown

Length of residence in city or town where death occurred 45 yrs.Registration Dist. No. 30209390No. Wash. Co. Rock, St. 3 Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)302

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 801 Oak Hill Ave.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

## 4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female white married

## 6. If married, widowed, or divorced

Husband  
(or) Wife ofErnest W. Miller

## 6. DATE OF BIRTH (month, day, end year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>0</u>	<u>25</u>	

## 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

## 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

## 10. Dato deceased last worked at this occupation (month and year)

Housewife  
9/17/33      11. Total time (years)  
 spent in this occupation 30 yrs

12. BIRTHPLACE (city or town)  
(State or country)Boonsboro Md

## 13. NAME

Mary E. R. Ridgway14. BIRTHPLACE (city or town)  
(State or country)Boonsboro Md

## 15. MAIDEN NAME

Mary E. R. Ridgway16. BIRTHPLACE (city or town)  
(State or country)Boonsboro Md

## 17. INFORMANT

E. W. Miller  
801 Oak Hill Ave.

## (Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 9/20, 1933

## 19. UNDERTAKER

T. G. Shumate & Sons  
Hagerstown Md

## (Address)

## 20. FILED

9/19/33 1933 Death Record

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept.  
(Month)18  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Did not attend person,  
 I last saw him alive on death, 19; death is said  
 to have occurred on the date stated above, at 1145 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congestive Appendicitis, Sept  
 (lessoral obstruction)  
 (according to history) 1933

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. P. Shumate M.D.  
(Address) 149 W. Main Hagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	1921

Cerebral hemorrhage	Date of onset
	July 5, 1927

Other contributory causes of importance:	Date of onset
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09391

## 1. PLACE OF DEATH

County

Washington  
WITHIN CORPORATE LIMITS

Village or City

Machapunga

(13)

Registration Dist. No.

302

Ward

Length of residence in city or town where death occurred

40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Ella R Miller

910 Potowmack Ave. 4 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female white married

6a. If married, widowed, or divorced

HUSBAND  
(or) WIFE of

D. Frank Miller

6. DATE OF BIRTH (month, day, and year)

Year 9/1/1862

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

65

6

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housework

11. Total time (years) spent in this occupation

40 yrs

12. BIRTHPLACE (city or town)  
(State or country)

Stephensburg, W. Va.

Stephensburg, W. Va.

13. NAME

John F. Miller

John F. Miller

John F. Miller

John F. Miller

14. BIRTHPLACE (city or town)  
(State or country)

Stephensburg, W. Va.

Stephensburg, W. Va.

15. MAIDEN NAME

Mary Nasey

Mary Nasey

16. BIRTHPLACE (city or town)  
(State or country)

Martinsburg, W. Va.

Martinsburg, W. Va.

17. INFORMANT

D. Frank Miller

910 Potowmack Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Washington

Date: 9/12, 1933

19. UNDERTAKER

Clyburner &amp; Sons

Washington, D.C.

20. FILED

9/12, 1933

Baptist Hospital

Registrar:

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept. 10

1933

(Month) (Day)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on Sept. 10, 1933; death is said

to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of Death: Stroke

Date of onset: July 1, 1933

Other Contributory Causes of importance:

Chronic Intestinal Tractitis  
with Hypertension

Name of operation: Date of:

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury: 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

• Manner of Injury:

Nature of Injury:

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify:

(Signed): D. P. Miller

(Address): 148 W. Washington, Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH										09392
1. PLACE OF DEATH										(167)
County Washington										Registration Dist. No. 303
Village or City Hagerstown										Ward
Length of residence in city or town where death occurred 35 yrs.										mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Edgar H Minnich										
(a) Residence: No. Sherman Ave, St., ✓ Ward.										If nonresident give city or town and State
(Usual place of abode)										MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS										21. DATE OF DEATH September 28 <sup>th</sup> , 1933
3. SEX male		4. COLOR OR RACE white		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)						(Month)
HUSBAND of (or) WIFE of				Marris						(Day)
5a. If married, widowed, or divorced										(Year)
6. DATE OF BIRTH (month, day, and year) March 28 - 1871										
7. AGE 57		Years 6		Months 2		Days		If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOOKKEEPER, etc. Telegraph Operator										Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Penn RR										
10. Date deceased last worked at this occupation (month and year) July 1933						11. Total time (years) spent in this occupation		38		
12. BIRTHPLACE (city or town) Shippensburg PA										
13. NAME Unknown										
14. BIRTHPLACE (city or town) +										
15. MAIDEN NAME " "										
16. BIRTHPLACE (city or town) " "										
17. INFORMANT Mr. John E. Minnich (Address) Hagerstown Md										
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown Md. Date 9/30/33										
19. UNDERTAKER Scott Z. Minnich, Son (Address) Hagerstown Md										
20. FILED 9/28/33 by [Signature] Registrar										
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.										
I HEREBY CERTIFY, That I attended deceased from										
I last saw h. alive on , 19 , to , 19 ; death is said										
to have occurred on the date stated above, at 4 a.m.										
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:										
Death by Suicide										
Shot himself										
with a shot gun										
Other Contributory Causes of Importance:										
Name of operation										Date of
What test confirmed diagnosis?										Was there an autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:										
Accident, suicide, or homicide? Suicide										Date of injury 9/28, 1933
Where did injury occur? Hagerstown County, Md										(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.										
Manner of injury Shot himself with										
Nature of Injury shot gun										
24. Was disease or injury in any way related to occupation of deceased?										
If so, specify										
(Signed)										
(Address)										
P. G. P. of Perry M. D.										

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09393

## 1. PLACE OF DEATH

County Washington

Village Williamsport Md

Length of residence in city or town where death occurred 40 yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

82-a

Registration Dist. No. 301

No. 6. &amp; Q. canal bridge, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME Anthony Minor

(a) Residence: No. 43

E. Church St., Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary Hellens

not known

6. DATE OF BIRTH (month, day, and year)

7. AGE About 70	Years	Months	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation life

OCCUPATION 24/3	Laborer
	Gen. Work

12. BIRTHPLACE (city or town)  
(State or country) Virginia

MOTHER FATHER	13. NAME Not Known
	14. BIRTHPLACE (city or town) (State or country) Turk

15. MAIDEN NAME Ann Waters

16. BIRTHPLACE (city or town)  
(State or country) Virginia17. INFORMANT Mrs Mary Minor  
(Address) Williamsport Md

18. BURIAL, CREMATION, OR REMOVAL

Williamsport Md Date Sept. 20 1933

19. UNDERTAKER Albert Leff  
(Address) Williamsport Md20. FILED Sept. 20, 1933 L. E. Rickard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept. 18, 1933

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him dead Sept. 18, 1933; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Dropped dead on street

Probable cerebral hemorrhage.

Date of onset

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Williamsport Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09394

## 1. PLACE OF DEATH

County Washington  
Village or City Bethesda

1248

Registration Dist. No. 311

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

V. S. No. 1

## 2. FULL NAME

Paul V. Moats

(a) Residence: No.

Fairfax, Md.

No.

St., Ward

Length of residence in city or town where death occurred 13 yrs.

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAda Moats

6. DATE OF BIRTH (month, day, and year)

May 20 - 1894

7. AGE

Years  
39Months  
3Days  
13If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationLabover12. BIRTHPLACE (city or town)  
(State or country)Wash Co. Md.

## MOTHER FATHER

13. NAME

John V. Moats14. BIRTHPLACE (city or town)  
(State or country)Wash Co. Md.

15. MAIDEN NAME

Florence Redenour16. BIRTHPLACE (city or town)  
(State or country)Wash Co. Md.

17. INFORMANT

ada moats

18. BURIAL, CREMATION, OR REMOVAL

Place manor County Date Sept 6, 1933

19. UNDERTAKER

(Address)

Mc Reichard

20. FILED

(Address)

Sept 6, 1933 J. S. Bloomer

Manner of injury

—

Nature of injury

—

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. S. Bloomer, M.D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09395

## 1. PLACE OF DEATH

County Washington

Village or City Near Halfway Md

25

Length of residence in city or town where death occurred yrs.

No.

(131) Registration Dist. No. 301

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Irene Virginia Norris

(a) Residence: No.

Same

St. Ward

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
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5a. If married, widowed, or divorced  
(HUSBAND or (or) WIFE of

Milton V. A. Norris

Sept 28, 1862

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 70	Months 11	Days 7	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

at home

10. Date deceased last worked at this occupation (month and year)

30 July 33

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)  
(State or country) Kems Mill Md

13. NAME Daniel Syster

14. BIRTHPLACE (city or town)  
(State or country) Williamsport Md

15. MAIDEN NAME Henreitts Herr

16. BIRTHPLACE (city or town)  
(State or country) Williamsport Md17. INFORMANT Clyde Morris  
(Address) Halfway Md18. BURIAL, CREMATION, OR REMOVAL  
Place Williamsport Md Date Sept. 6, 193319. UNDERTAKER Albert Lee F  
(Address) Williamsport Md20. FILED Sept. 6, 1933 by E. P. Pickard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 4, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1933, to Sept 4, 1933. I last saw her alive on Sept 4, 1933, at 10, 30 P.M.; death is said to have occurred on the date stated above, et al.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Pericarditis  
preceded by Bright's disease  
preceded

Data on onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Dr. D. P. Lester M. D.  
(Address) Williamsport Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09396

## 1. PLACE OF DEATH

County Washington

Village or City Neck Road Near Williamsport No. Md

Registration Dist. No. 311

St. Ward

Length of residence in city or town where death occurred

life

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME Rudolph Warren Palmer

(a) Residence: No.

Same

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
-------------	------------------------	---

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Margeret Clark

6. DATE OF BIRTH (month, day, and year)

Nov. 26, 1857

7. AGE 75	Years 9	Months 1	Days 17	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Coal Business

10. Date deceased last worked at this occupation (month and year)

1920

11. Total time (years spent in this occupation)

life

12. BIRTHPLACE (city or town)  
(State or country)

Virginia

13. NAME Isaac Palmer

14. BIRTHPLACE (city or town)  
(State or country)

Virginia

15. MAIDEN NAME Sarah Putman

16. BIRTHPLACE (city or town)  
(State or country)

Virginia

17. INFORMANT Joseph Palmer  
(Address) Williamsport Md. M.R.F.D.18. BURIAL, CREMATION, OR REMOVAL  
Place Williamsport Md Date Sept. 14, 193319. UNDERTAKER Albert Leaf  
(Address) Williamsport Md20. FILED Sept. 14, 1933 J. D. Broome  
Registrars

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 12, 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Sept. 4, 1933, to Sept. 12, 1933. I last saw him alive on Sept. 10, 1933; death is said to have occurred on the date stated above, at 8 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Tenbral hemorrhage* 9:4-33  
Date of onset

Other Contributory Causes of importance:

*Arterial sclerosis*

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19-

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09397

## 1. PLACE OF DEATH

County Washington

958

Registration Dist. No.

301

Village Williamsport Md

No. Byron's Tannery

St., Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Charles William Pearl

(a) Residence: No. R<sup>t</sup> / Near Williamsport Md St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	MARRIED

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Alice Brown

Dec. 26. 1871

## 6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8		24	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Tannery

10. Date deceased last worked at this occupation (month and year)

18

11. Total time (years) spent in this occupation

Sept.

life

12. BIRTHPLACE (city or town)  
(State or country)

Penn.

13. NAME

Not Known

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

Elizabeth Pearl

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

Mrs. Alice Pearl

(Address) Williamsport Md R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsport Md Date Sept 22, 1933

19. UNDERTAKER

Albert Leaf

(Address) Williamsport Md

20. FILED

Sept 21, 1933

S. E. Richard

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. 19

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 6:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

S. E. Richard

M. D.

(Address) Williamsport Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09398

## 1. PLACE OF DEATH

County WashingtonVillage or City Smithsburg

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME Alice Cloy Poyor

(a) Residence: No.

St. \_\_\_\_\_ Ward. \_\_\_\_\_

Registration Dist. No. 306

St. \_\_\_\_\_ Ward \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
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5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Feb 23 - 1886

7. AGE Years <u>47</u>	Months <u>6</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Garfield13. NAME Charles C. Poyor14. BIRTHPLACE (city or town)  
(State or country) Fred C Co15. MAIDEN NAME Harriet Malinda Swope16. BIRTHPLACE (city or town)  
(State or country) Garfield17. INFORMANT  
(Address) Rufus C. Poyor18. BURIAL, CREMATION, OR REMOVAL  
Place W.L. Bethel Cemetery Date Sept 16 - 193319. UNDERTAKER Emory Corp  
(Address) Smithsburg20. FILED Sept 14 1933 by J. Ferguson  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 2, 1933, to Sept 14, 1933; I last saw her alive on Sept 14, 1933; death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

1910

## Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ f9 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) M. D. Ferguson M. D.(Address) Smithsburg Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09399

## 1. PLACE OF DEATH

County

Washington

82-a

Registration Dist. No.

302

Village or City

Hagerstown

No. 69 E. Franklin St., 34 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

69 E Franklin St., 34 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

6a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

9/ " "

11. Total time (years)  
spent in this  
occupation

OCCUPATION

1000

At home

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

John E. Ridgeway

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Maria Cannon

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

Wildred Franklin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hagerstown

Date

9/9 1933

Place

Hagerstown

(Address)

19. UNDERTAKER

G. L. Gandy

(Address)

20. FILED

9/9 1933

Baptist Cemetery

Hagerstown

Md.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept 8

(Month)

(Day)

1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 2 1933 to Sept 8 1933

I last saw her alive on Sept 8 1933; death is said

to have occurred on the date stated above, at 12:15 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Arteriosclerosis

Date of onset

Unknown

Other Contributory Causes of importance:

Cerebral Hemorrhage Sept 6

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 

If so, specify \_\_\_\_\_

(Signed)

(Address)

Warren Druehl

Hagerstown

Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09400

## 1. PLACE OF DEATH

County

Washington

955

Registration Dist. No.

302

Village or City

Mennonite Home Near Maysville

St.

Ward

No.

Length of residence in city or town where death occurred

4 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Miss Sophia Rose

St. ✓ Ward.

If nonresident give city or town and State

(Usual place of abode)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female White

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

11-10-1860

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

82

10

3

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Near Maysville.

Tried to end

13. NAME

Frederick Rose

FATHER

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME

Dout. Rose

16. BIRTHPLACE (city or town)  
(State or country)

Dout. Rose

17. INFORMANT

(Address)

My Ligeen Isamard

Switzerland

18. BURIAL, CREMATION, OR REMOVAL

Place

Dunkard Graveyard

Date

Sept 10, 1933

19. UNDERTAKER

(Address)

Geo. B. Hooper

Switzerland

20. FILED

(Address)

9-14, 1933, G. H. Bassett

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

9-13

(Month)

(Day)

1933  
(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from

1-1-37, 19, to 9-13, 1937

I last saw her alive on 9-7, 1937, death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Nursing

Cardio-vascular Disease

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of Injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D. \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09401

302

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 73 yrs.

92-a

Registration Dist. No.

No. 57 W. Washington

St. / Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Estella M. Shifler(a) Residence: No. 57 West Washington St., 1 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofSilas E. Shifler

6. DATE OF BIRTH (month, day, and year)

Jan 12, 1860

7. AGE

Years

Month

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

73

8

13

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
None

10. Date deceased last worked at this occupation (month and year)  
—

11. Total time (years) spent in this occupation  
—

12. BIRTHPLACE (city or town)  
(State or country)Hagerstown  
Md.

## MOTHER FATHER

13. NAME Charles Mc Dade14. BIRTHPLACE (city or town)  
(State or country)Bakersville  
Md.15. MAIDEN NAME Anne Line16. BIRTHPLACE (city or town)  
(State or country)Bakersville  
Md.17. INFORMANT Mrs. Mahyl Young(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place. Hagerstown Md. Date Sept. 27, 193319. UNDERTAKER Scott F. Minnick & Son(Address) Hagerstown Md.20. FILED 9/26/ 1933 Death Bowers

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 25, 1933 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept. 23, 1933 to Sept 25, 1933I last saw her alive on Sept. 25, 1933; death is said to have occurred on the date stated above, at 10:30A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral HemorrhageDate of onset  
9/22/33

Other Contributory Causes of Importance:

Ch. myoarthritis  
Ch. Endoarthritis  
arterio sclerosisName of operation none Date ofWhat test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

O.H. Binkley  
Hagerstown, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09402

## 1. PLACE OF DEATH

County Washington  
 Village or City Hagerstown

Length of residence in city or town where death occurred 1 yrs.

Registration Dist. No. 302

St.

Ward 2No. 931 Hanover

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.2. FULL NAME Wm Edward Shockey(a) Residence: No. 931 Hanover  
 (Usual place of abode)St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED,  
 OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) Aug 17 1932

7. AGE

Years 1

Months \_\_\_\_\_

Days 18

If LESS than

1 day, \_\_\_\_\_ hrs.  
 or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
 kind of work done, as SPINNER,  
 LAWYER, BOOKKEEPER, etc. None9. Industry or business in which  
 work was done, as SILK MILL,  
 SAW MILL, BANK, etc. None10. Date deceased last worked at  
 this occupation (month and  
 year) Aug11. Total time (years)  
 spent in this  
 occupation12. BIRTHPLACE (city or town)  
 (State or country) Hagerstown

## MOTHER FATHER

13. NAME Harry H. Shockey14. BIRTHPLACE (city or town)  
 (State or country) GreencastlePa.15. MAIDEN NAME Ruth Hamby16. BIRTHPLACE (city or town)  
 (State or country) HagerstownMd.17. INFORMANT Harry H. Shockey(Address) Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Smithsburg Date Sept 9 193319. UNDERTAKER A.K. Coffman(Address) Hagerstown Md.20. FILED Sept 10 1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 1

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 6 - 1933 to Sept 7 1933I last saw him alive on Sept 7 1933; death is said  
 to have occurred on the date stated above, et. 3:20 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
 were as follows:Gastritis 3 days

Date of onset

Other Contributory Causes of importance:

Whooping Cough

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Harry Shockey(Address) Hagerstown Md. M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

	Date of onset
Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

	Date of onset
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington

Village or City Funkstown

Length of residence in city or town where death occurred 22 yrs. - mos. - ds. How long in U.S. if of foreign birth? yrs. mos. ds.

97

Registration Dist. No. 302

St., Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Frank Smith

(a) Residence: No.

Funkstown Md

(Usual place of abode)

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male White married

5a. If married, widowed, or divorced

HUSBAND OF

Mrs. Nettie Smith

6. DATE OF BIRTH (month, day, and year)

Nov. 9 - 1847

7. AGE Years Months Days If LESS than  
85 10 18 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1911 Farmer 40 yrs.

12. BIRTHPLACE (city or town)  
(State or country)

Chambersburg Penna.

13. NAME

Ira Smith

14. BIRTHPLACE (city or town)  
(State or country)

Chambersburg Penna.

15. MAIDEN NAME

No Record

16. BIRTHPLACE (city or town)  
(State or country)

" "

17. INFORMANT Mrs. Clyde Smith

(Address) Funkstown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Funkstown Md. Date Sept. 30, 1933

19. UNDERTAKER C. J. Baat &amp; Son

(Address) Boonsboro Md.

20. FILED 9/28/1933 Death Board

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept. (Month)

27 (Day)

1933 (Year)

22. I HEREBY CERTIFY. That I attended deceased from April 1, 1932, to Sept. 27, 1933.

I last saw him alive on Sept. 26, 1933, death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio sclerosis

Date of onset

Other Contributory Causes of importance:

None

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

A. P. Flanigan M. D.

(Address) Hagerstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09404

173

Registration Dist. No.

302

## 1. PLACE OF DEATH

County Washington

WITHIN CORPORATE LIMITS OF

Village or City Hagerstown

Length of residence in city or town where death occurred 30 yrs.

No. Washington County Hospital 3 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Reuben N. Sollenberger

(a) Residence: No. 726 Salem Avenue

St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Rachael Sollenberger

6. DATE OF BIRTH (month, day, end year) September 2, 1883

7. AGE Years 45	Months 0	Days 7	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Auctioneer  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Greencastle  
(State or country) Pa.

13. NAME David Sollenberger,

14. BIRTHPLACE (city or town) Franklin County,  
(State or country) Pa.

15. MAIDEN NAME Elizabeth Lesher,

16. BIRTHPLACE (city or town) Franklin County,  
(State or country) Pa.17. INFORMANT Mrs. Rachael Sollenberger,  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown, Md. Date Sept. 29, 193319. UNDERTAKER Fred W. Kraiss,  
(Address) Hagerstown, Md.20. FILED 9/29/1933 by [Signature]  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

September 27, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19 ; I last saw him alive on , 19 ; death is said

to have occurred on the date stated above, at 2:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Shot to death  
by robbers*

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Homicide* Date of Injury *Sept. 27, 1933*Where did injury occur? *Hagerstown, Md.*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*Indust*Manner of injury *Murdered*Nature of injury *Bullet in Stomach*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Richard C. Buckley, M.D.*(Signed) *Richard C. Buckley, M.D.*(Address) *Acting Coroner*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09405

## 1. PLACE OF DEATH

County Washington

Village or City Halfway

Length of residence in city or town where death occurred 5 yrs.

ND.

Registration Dist. No. 302

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. . . . ds. How long in U.S. If of foreign birth? . . . yrs. . . . mos. . . . ds.

## 2. FULL NAME

(a) Residence: No.

Halfway

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Albert B.

6. DATE OF BIRTH (month, day, and year)

July 13 1858

7. AGE

Years

Months

Days

If LESS than  
1 day, . . . hrs.  
or . . . min.

75

2

6

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) July 1933

Housewife

11. Total time (years)  
spent in this  
occupation 30 yrs

12. BIRTHPLACE (city or town)

(State or country)

Lebanon Pa

MOTHER FATHER

13. NAME Edward Zimmerman

14. BIRTHPLACE (city or town)

(State or country)

Lebanon Pa

15. MAIDEN NAME Catherine Bamberger

16. BIRTHPLACE (city or town)

(State or country)

Lebanon Pa

17. INFORMANT

(Address)

William B. Zimmerman

Hagerstown, Md

Date Sept 21, 1933

Place

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER

(Address)

20. FILED

(Address)

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 19

(Month)

(Day)

1933

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Jan 1, 1933, to Sept 19, 1933

I last saw her alive on Sept 19, 1933; death is said

to have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Myocarditis

Date of onset

1/1/33

Other Contributory Causes of importance:

Cerebral塞栓

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. Zimmerman M. D.

(Address) Hagerstown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09406

## 1. PLACE OF DEATH

County Washington  
 Village or City Womarport

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Registration Dist. No. 307No. R. F. D. #25 Hospital Hill

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>unknown</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u>
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5e. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of stillbirth

6. DATE OF BIRTH (month, day, and year) Sept. 16, 1933

7. AGE Years <u>X</u>	Months <u>X</u>	Days <u>X</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Womarport, Md.13. NAME Jas. H. Straley14. BIRTHPLACE (city or town)  
(State or country) Mercerburg, Penn.15. MAIDEN NAME Margaret E. Weller16. BIRTHPLACE (city or town)  
(State or country) Westminster, Md.17. INFORMANT Jas. H. Straley  
(Address) Womarport, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Womarport, Md. Date Sept. 17, 193319. UNDERTAKER Albert L. Weller  
(Address) Womarport, Md.20. FILED Sept. 17, 1933 C. C. Richard  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 16

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

stillbirth, 19 to 19.  
 I last saw him 19 on 19; death is said  
 to have occurred on the date stated above, et al. 19.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance  
 were as follows:

Date of onset

stillbirth

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Geo. Boose M. D.

(Address) Womarport, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09407

## 1. PLACE OF DEATH

County

Near Reedysville Washington (48)

Registration Dist. No.

316.

Village or City

Near Reedysville ND

St.

Ward

Length of residence in city or town where death occurred

26 yrs. 5 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Elsie In Thomas

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White married

4. COLOR OR RACE

(Usual place of abode)

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Robert Thomas

6. DATE OF BIRTH (month, day, and year)

Jan 29 = 1882

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
1 day, hrs.  
or min.

51

7

16

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town  
(State or country)

Sharpsburg Md

FATHER

13. NAME Jacob Brundage

14. BIRTHPLACE (city or town  
(State or country)

Sharpsburg Md

MOTHER

15. MAIDEN NAME Barbara Johnson

16. BIRTHPLACE (city or town  
(State or country)

Sharpsburg Md

17. INFORMANT

(Address)

Robert Thomas

18. BURIAL, CREMATION, OR REMOVAL

Place

Sharpsburg

Date 9 = 16, 1933

19. UNDERTAKER

(Address)

C. S. Simon &amp; Co

20. FILED

(Address)

Sept. 15, 1933 N.H. Gettis

Registrar

## 21. DATE OF DEATH

9

13

, 1933

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY

That I attended deceased from  
March 20, 1933, to Sept 5, 1933I last saw her alive on Sept 5, 1933; death is said  
to have occurred on the date stated above, at 11 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cancer of womb  
+ rectumDate of onset  
do not  
know

## Other Contributory Causes of importance:

Heart + kidneys  
failed

2 months

Name of operation None

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Neither

Data of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) L. G. Kerrill M. D.  
(Address) Reedysville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09408

## 1. PLACE OF DEATH

County Washington

(159)

Registration Dist. No.

302

Village or City Hagerstown

No. 551 Frederick St., 3 Ward

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME

Unnamed child Louise Frenchover

(a) Residence: No. 551 Frederick St., 3 Ward.

Takoma Park

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white single

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

X X

6. DATE OF BIRTH (month, day, and year)

Sept 26 " 1933

7. AGE

Years Months Days If LESS than  
1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept.

(Month)

26 (Day)

1933 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept 26, 1933, to Sept 26, 1933

I last saw him alive on Sept 26, 1933; death is said to have occurred on the date stated above, at 11:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Baby

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authorization of this name see birth cert. 10/4/33. G.*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09409

## 1. PLACE OF DEATH

County WashingtonVillage or City HagerstownLength of residence in city or town where death occurred 52 yrs.Registration Dist. No. 302 Ward 2  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Clara B. Wellingher(a) Residence: No. 301 W. Wilson Blvd., 2<sup>nd</sup> Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Female White divorced

6. If married, widowed, or divorced

Husband

(or) Wife of

Harry W. Wellingher

6. DATE OF BIRTH (month, day, end year)

Apr. 6<sup>th</sup> 1881

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.52 5 11

OCCUPATION

8. Trade, profession, or particular  
kind of work done, es SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, es SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Housewife6/30 1111. Total time (years)  
spent in this  
occupation 25yrs

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Daniel Black

14. BIRTHPLACE (city or town)

(State or country)

Wash Co

15. MAIDEN NAME

Mary E Elifitz

16. BIRTHPLACE (city or town)

(State or country)

Wash Co

17. INFORMANT

(Address)

Harry W. Wellingher

18. BURIAL, CREMATION, OR REMOVAL

Place

HagerstownDate 9/9 1933

19. UNDERTAKER

(Address)

Caskets of usHagerstown andBaltimore20. FILED 9/19/1933

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Sept

17,

1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

May 25, 1933 to Sept 17, 1933

I last saw h. p. alive on Sept 12, 1933; death is said  
to have occurred on the date stated above, at 6:45 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Metastatic carcinoma  
of mediastinum

Other Contributory Causes of importance:

Carcinoma of left breast  
(operated, year ago)

MOTHER

FATHER

Date of onset

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

R. B. HornerHagerstown

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*H. R. Monson*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

(13)

Registration Dist. No. 307

09410

Length of residence in city or town where death occurred 3 yrs.

No. (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Inp. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Geo. W. Wheelock  
Hagerstown

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE

Lila Wheelock

6. DATE OF BIRTH (month, day, and year)

Apr 22<sup>nd</sup> 1878

7. AGE

Years 55 Months 4 Dey 21 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Ref Police  
Wash. D. C. Police Dept

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town)

(State or country)

Keene N.H.

MOTHER

FATHER

13. NAME

Geo. W. Wheelock

14. BIRTHPLACE (city or town)

(State or country)

Keene N.H.

15. MAIDEN NAME

Mary E. Baker

16. BIRTHPLACE (city or town)

(State or country)

Keene N.H.

17. INFORMANT

Lila Wheelock

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date 9/16, 1933

19. UNDERTAKER

Casket Lovers

(Address)

20. FILED Sept 15<sup>th</sup>, 1933 Cornelius H. Castle

Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept - 13, 1933  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

April 1933, to Sept 13, 1933

I last saw him alive on Sept 13, 1933; death is said

to have occurred on the date stated above, at 4:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Before my

age

my

age

Chronic Cardiac &amp; Hypertrophy

Other Contributory Causes of Importance:

Chronic nephritis

my

age

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Horner, M. D.

(Address) Brunswick Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09411

## 1. PLACE OF DEATH

County. Washington.  
Village or City Hagerstown

9-B

Registration Dist. No. 302

St. 5 Ward

No. 119 London Court.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Charles Whitmore.

(a) Residence: No. 119 London Court.

St. 5 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE Colored.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary Whitmore.

6. DATE OF BIRTH (month, day, and year) Dec. 20, 1885

7. AGE 47	Years	Months 9	Days 000	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Laborer

12. BIRTHPLACE (city or town) Springfield.  
(State or country) Mass.13. NAME Dennis Whitmore.  
14. BIRTHPLACE (city or town) Springfield.  
(State or country) Mass.

15. MAIDEN NAME Sally Johnson.

16. BIRTHPLACE (city or town) Springfield.  
(State or country) Mass.17. INFORMANT Mary Whitmore.  
(Address) Hagerstown, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Rose Hill Cemet Date Sept 22, 193319. UNDERTAKER Fred W. Kraiss.  
(Address) Hagerstown20. FILED 9/22/33 by Chaith S. Scott  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 20  
(Month) (Day), 1933  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

7-29, 1933 to 9-20, 1933.

I last saw him alive on 9-20, 1933; death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hypertension Cardiac  
Rheumatic Disease

Date of onset

Onset

Other Contributory Causes of importance:

asthma  
asthenia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

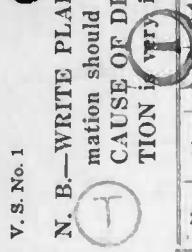
If so, specify

(Signed) 89. D. Day  
(Address) 27 Bush St Hagerstown, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED OCT 8 1928

BUREAU OF THE BUDGET

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

RECEIVED OCT 8 1928

BUREAU OF THE BUDGET

Other contributory causes of importance:

Gastroenteritis

May 1, 1928

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09412

## 1. PLACE OF DEATH

County Washington

WITH CORPORATE LIMITS OF

Village or City Washington Co. Hospital

No. Hagerstown Md.

St. 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME John A. Wolfe

(a) Residence: No.

Williamsport

(Usual place of abode)

Md St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX -- male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

XXXXXXXXXXXX

6. DATE OF BIRTH (month, day, and year) Feb. 9. 1855

7. AGE Years 78	Months 7	Days 18	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, LABORER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Gen Work

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town)  
(State or country) Williamsport Md

13. NAME Joseph Wolfe

14. BIRTHPLACE (city or town)  
(State or country) Wash. Co Md

15. MAIDEN NAME Martha Taylor

16. BIRTHPLACE (city or town)  
(State or country) Virginia17. INFORMANT Mr. James Wolfe-Halfway Md  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Williamsport Md Date Sept. 29, 193319. UNDERTAKER Albert Lenf  
(Address) Williamsport Md

20. FILED 9-29-1933 Death Record

Registrar.

Registration Dist. No. 302

93-2

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH Sept 27. 1933

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Sept. 10, 1933, to Sept. 27, 1933.

I last saw him alive on Sept. 26, 1933; death is said to have occurred on the date stated above, at 10:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis, Chronic. 1932

Other Contributory Causes of Importance:

Atrial Sclerosis. 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) J. M. Simpson, M. D.  
(Address) Williamsport Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

09413

## 1. PLACE OF DEATH

County Washington  
WITHIN CORPORATE LIMITS OF  
Village or City Hagerstown

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Charles F. Yeager

(a) Residence: No. 17 First St., 2 Ward.  
(Usual place of abode)

Registration Dist. No. 302Gardiner AveWardNo. B & O R.R. Tracks

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Lulu.6. DATE OF BIRTH (month, day, and year) July 17-1885

7. AGE <u>48</u> Years	Months <u>1</u>	Days <u>30</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Moulder

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pangborns.

10. Date deceased last worked at this occupation (month and year) Sept 15-1933 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town)  
(State or country) Lebanon Pa.13. NAME Sally Yeager14. BIRTHPLACE (city or town)  
(State or country) Lebanon Pa.15. MAIDEN NAME Sarah C. Long16. BIRTHPLACE (city or town)  
(State or country) Hagerstown Md.17. INFORMANT Mrs Chas F. Yeager  
(Address) Hagerstown Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Md. Date Sept 19, 193319. UNDERTAKER H. K. Coxman  
(Address) Hagerstown Md.20. FILED 9/18/33 Chas F. Yeager  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 16

(Month) Sept, 1933  
(Day) 16  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19.

I last saw him alive on 19; death is said to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Injuries sustained by  
him to brain on 10-20  
P. P. truck  
Accident.

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Data of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Richard Dwyer Coroner  
(Address) Hagerstown Md.

Judge Duty.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

09414

## 1. PLACE OF DEATH

County Washington  
Village or City Hagerstown

Length of residence in city or town where death occurred 33 yrs.

97

Registration Dist. No. 302

No. 502 Summit Ave. St. 2 Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Bruce S. Zellers

(a) Residence: No. 502 Summit Ave. St. 2 Ward.  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Widower

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Mary C.

6. DATE OF BIRTH (month, day, and year)

Dec. 5 = 1852  
7. AGE Years Months Days If LESS than  
80 9 21 1 day, hrs.  
or min.8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Bookkeeper  
9. Industry or business in which work was done, as SILK MILL,  
SAW MILL, BANK, etc. Retired  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 yrs.12. BIRTHPLACE (city or town)  
(State or country) Clearfoss Md.13. NAME Jacob Zellers  
14. BIRTHPLACE (city or town)  
(State or country) Clearfoss Md.15. MAIDEN NAME Mary Schnebley  
16. BIRTHPLACE (city or town)  
(State or country) Clearfoss Md.17. INFORMANT Miss Eva Zellers  
(Address) Hagerstown Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Hagerstown Md. Date Sept. 28, 193319. UNDERTAKER A. K. Coffman  
(Address) Hagerstown Md.20. FILED 9/27/33 Chas. H. Brown  
V. S. No. 1  
A. P. Stauffer

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Sept 26  
(Month) (Day), 1933  
(Year)22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1933, to Sept 26, 1933  
I last saw her alive on Sept 26, 1933; death is said to have occurred on the date stated above, at 9:45 A.M.  
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriaclerosis

Date of onset

Other Contributory Causes of importance:

None

Date of

Name of operation \_\_\_\_\_ Was there an autopsy?

What test confirmed diagnosis? \_\_\_\_\_

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. P. Stauffer M. D.  
(Address) Hagerstown Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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